



Client Details Form

Client contact details

Name:

Address:

Home phone:

Mobile:

Email:

Emergency contact(s) Name: *

Phone:

*(This must be someone, who in the event of an emergency, be it an evacuation at your home in the event of a fire or such like or if your pets displayed behaviour which meant they can no longer be cared for. These behaviours can be, but not limited to, aggression, separation anxiety, toileting or destructive behaviour in your home. Please seek permission for your emergency contact to be nominated)

Pets Details (please enter each separate pet's details)

Name	Breed/Type	Age	Gender	Spayed/Neutered	Microchip number	Crate Trained

Keys released (only required if we are visiting your pets at your property)

Front Door _____ Yes/No

Back Door _____ Yes/No

Other _____

Please retain these keys _____ Yes/No

Please surrender these keys at the end of the service _____ Yes/No

If anyone else has access to your home while you are away, Poppets Petcare cannot be held responsible for windows and doors left open and/or unlocked.

Additional Notes (Please use this space to provide additional notes regarding your pets' behaviour, exercise routine, restrictions on exercise or dietary requirements) If anything noted in this section changes on future visits I must be notified.
