



The Critter Keeper LLC - New Client Intake Form

Date: _____

A Note From Spencer:

- Hi there! I'm Spencer, and I'm so excited to be considered as your pet sitter. I believe every pet is unique, and I want to provide the best possible care tailored to your furry, scaled, or feathered friend. Please fill out this form to help me get to know your pet a little better. Your insights will ensure their comfort, safety, and happiness while you're away. I truly look forward to working with you and your beloved companion!

Client Information:

- Full Name: _____
- Address: _____
 - City: _____
 - Phone **(Cell)**: _____
 - Preferred Contact Method: (Text/Call/Email): _____
- Email: _____
- Emergency Contact:
 - Name & Relationship: _____
 - Phone: _____
 - Address: _____
 - City: _____
 - Emergency Contact Instructions (if I can't reach you): _____
- How did you hear about The Critter Keeper? _____

Pet Information (Please complete a separate section for each pet):

Pet's Name: _____

Species: _____ Breed (if applicable): _____

Age (approx.): _____ Gender: ☐ M ☐ F Spayed/Neutered: ☐ Yes ☐ No

Color(s) & Markings: _____

Microchipped? Yes or No

Veterinarian:

- Name: _____ **Phone:** _____
- Address: _____

A Little More About Your Pet:

- Known Conditions/Allergies:

- Current Medications (Name, Dosage, Frequency):

- Special Needs/Instructions: (e.g., fear of storms, separation anxiety, specific handling):

- Diet: (Type of food, amount, feeding schedule):

- Favorite Toys/Activities:

Your Pet's Personality:

- Around Strangers: ☐ Friendly ☐ Shy/Cautious ☐ Aggressive (Explain):

- Around Other Animals: ☐ Friendly w/ Dogs ☐ Friendly w/ Cats ☐ Not good w/ Dogs ☐ Not good w/ Cats ☐ Other (Explain):

- Potty Habits (Dogs):

- Leash Manners (Dogs): ☐ Good ☐ Pulls ☐ Reactive (Explain):

- History of Biting/Aggression? ☐ No ☐ Yes (Explain):

Service Details:

- Type of Service(s) Requested:

- ☐ Pet Sitting Visits (Frequency/Duration):

- ☐ Dog Walking (Frequency/Duration):

- ☐ Overnight Stays (Dates & Times):

- ☐ Other: _____
- Dates of Service:
 - Start: Date _____ **Time (approx.)** _____
 - End: Date _____ **Time (approx.)** _____
- Travel Plans: **Reachable by phone?**
- Emergency Contact Instructions (if I can't reach you):

Home Access:

- ☐ Key to be provided in person
- ☐ Key located at: _____
- ☐ Garage code: _____
- ☐ Lockbox (Location & Code): _____
- ☐ Other: _____

Household Information:

- Indoor Plants Requiring Care? ☐ Yes (Instructions provided separately) ☐ No
- Mail/Newspaper Collection? ☐ Yes ☐ No
- Other individuals with home access during service? ☐ No ☐ Yes (Specify):

Important Policies:

- **Photo/Video Release:** ☐ No ☐ Yes (I grant *Spencer Warr* at The Critter Keeper permission to take and use photos and videos of my pet(s) for their website, social media, and promotional materials.)
- **Agreement and Authorization (Please initial each to show you've read and agree):**
 - I understand the liability policy. [Signature]
 - I authorize emergency vet care and will cover costs. [Signature]
 - I will provide sufficient supplies. [Signature]

Client Agreement:

- By signing below, I certify the accuracy and completeness of this information and agree to the outlined policies.
- **Client Signature:** _____
- Date: _____