



## **The Critter Keeper**

### **New Client Intake Form**

Thank you for choosing The Critter Keeper- *Spencer Warr* to care for your beloved pets! Please complete this form thoroughly and accurately to help us provide the best possible service.

**Date:** \_\_\_\_\_

#### **Client Information:**

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number (Home): \_\_\_\_\_
- Phone Number (Cell): \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Emergency Contact (Name & Relationship): \_\_\_\_\_
- Emergency Contact Phone Number: \_\_\_\_\_
- Emergency Contact Address: \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- How did you hear about me?: \_\_\_\_\_

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

Pet(s):

- Pet's Name: \_\_\_\_\_
- Species (Dog, Cat, Bird, Reptile, Other): \_\_\_\_\_
- Breed (if applicable): \_\_\_\_\_
- Age (approximate): \_\_\_\_\_
- Gender: ☐ Male ☐ Female ☐ Spayed/Neutered: ☐ Yes ☐ No
- Color(s) & Markings: \_\_\_\_\_
- Microchip Number (if applicable): \_\_\_\_\_
- Veterinarian's Name: \_\_\_\_\_
- Veterinarian's Phone Number: \_\_\_\_\_

- Veterinarian's Address: \_\_\_\_\_
- Known Medical 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: \_\_\_\_\_
- Does this pet have any history of biting or aggression? ☐ Yes (Explain): \_\_\_\_\_ ☐ No

(Repeat the above "Pet Information" section for each additional pet)

Pet(s):

- Pet's Name: \_\_\_\_\_
- Species (Dog, Cat, Bird, Reptile, Other): \_\_\_\_\_
- Breed (if applicable): \_\_\_\_\_
- Age (approximate): \_\_\_\_\_
- Gender: ☐ Male ☐ Female ☐ Spayed/Neutered: ☐ Yes ☐ No
- Color(s) & Markings: \_\_\_\_\_
- Microchip Number (if applicable): \_\_\_\_\_
- Veterinarian's Name: \_\_\_\_\_
- Veterinarian's Phone Number: \_\_\_\_\_
- Veterinarian's Address: \_\_\_\_\_
- Known Medical 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: \_\_\_\_\_
- Does this pet have any history of biting or aggression? ☐ Yes (Explain): \_\_\_\_\_ ☐ No

### Client Agreement:

By signing below, I certify that the information provided in this form is accurate and complete to the best of my knowledge. I authorize The Critter Keeper- Spencer Warr to provide the services requested for my pet(s) according to the terms outlined.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_