



## **The Critter Keeper LLC**

### **New Client Intake Form**

Thank you for choosing The Critter Keeper LLC- *Spencer & Sam 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 Name:** \_\_\_\_\_
- **Species** (*Dog, Cat, Bird, Reptile, Other*): \_\_\_\_\_
- **Breed** (*if applicable*): \_\_\_\_\_
- **Age** (*approximate*): \_\_\_\_\_
- **Gender:**  Male  Female | **Spayed/Neutered:**  Yes  No
- **Color(s) & Markings:** \_\_\_\_\_

## Medical & Vaccination History

- Veterinarian / Clinic Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Address: \_\_\_\_\_

## Vaccination Status

Please check all that are current and provide the expiration date if known.

- For Dogs:
  - Rabies (Exp: \_\_\_\_\_)
  - DHPP/DA2PP (Exp: \_\_\_\_\_)
  - Bordetella (Exp: \_\_\_\_\_)
  - Leptospirosis (Exp: \_\_\_\_\_)
- For Cats:
  - Rabies (Exp: \_\_\_\_\_)
  - FVRCP (Exp: \_\_\_\_\_)
  - FeLV (Leukemia) (Exp: \_\_\_\_\_)
- Other Species / Additional Vaccines:

**Note: Please provide a copy of current vaccination records along with this form.**

- Known Medical Conditions / Allergies: \_\_\_\_\_
- Current Medications (Name, Dosage, Frequency):  
\_\_\_\_\_  
\_\_\_\_\_

## Care & Behavior Profile

- Diet (Type of food, amount, feeding schedule):  
\_\_\_\_\_
- Special Needs / Instructions (e.g., fear of storms, separation anxiety, specific handling):
- Favorite Toys & Activities: \_\_\_\_\_
- Does this pet have a history of biting or aggression?  No  
 Yes (Please explain context/triggers):  
\_\_\_\_\_  
\_\_\_\_\_

## Pet Information:

(Please complete a separate section for each pet)

- Pet's Name: \_\_\_\_\_
- Species (Dog, Cat, Bird, Reptile, Other): \_\_\_\_\_

- **Breed** (if applicable): \_\_\_\_\_
- **Age** (approximate): \_\_\_\_\_
- **Gender:**  Male  Female | **Spayed/Neutered:**  Yes  No
- **Color(s) & Markings:** \_\_\_\_\_

### Medical & Vaccination History

- **Veterinarian / Clinic Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Address:** \_\_\_\_\_

### Vaccination Status

Please check all that are current and provide the expiration date if known.

- **For Dogs:**
  - Rabies (Exp: \_\_\_\_\_)
  - DHPP/DA2PP (Exp: \_\_\_\_\_)
  - Bordetella (Exp: \_\_\_\_\_)
  - Leptospirosis (Exp: \_\_\_\_\_)
- **For Cats:**
  - Rabies (Exp: \_\_\_\_\_)
  - FVRCP (Exp: \_\_\_\_\_)
  - FeLV (Leukemia) (Exp: \_\_\_\_\_)
- **Other Species / Additional Vaccines:**

**Note:** Please provide a copy of current vaccination records along with this form.

- **Known Medical Conditions / Allergies:** \_\_\_\_\_
- **Current Medications** (Name, Dosage, Frequency):  
 \_\_\_\_\_  
 \_\_\_\_\_

### Care & Behavior Profile

- **Diet** (Type of food, amount, feeding schedule):  
 \_\_\_\_\_
- **Special Needs / Instructions** (e.g., fear of storms, separation anxiety, specific handling):
- **Favorite Toys & Activities:** \_\_\_\_\_
- **Does this pet have a history of biting or aggression?**  No  
 Yes (Please explain context/triggers):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Travel Information:**

- Primary reason for service: *(e.g., Work travel, annual vacation, weekend getaway)*  
\_\_\_\_\_.
- Travel Dates: \_\_\_\_\_.

Care Level Selection: Please select the service level that best fits your household's routine:

- Option A: Daily Drop-In Visits: Best for cats, independent dogs, or small animals.
  - Frequency:
    - 1 Visit/Day (Mid-day)
    - 2 Visits/Day (Morning & Evening)
    - 3+ Visits/Day (Morning, Mid-day, Evening)
  
- Option B: Overnight Care: Best for senior pets, puppies, or high-anxiety pets requiring a constant presence.
  - Standard Hours: Arrival by 7:00 PM and departs by 7:00 AM. \*This includes a late night potty break before bed.
  - Add a midday visit if needed (between 11 am - 2 pm).

**Care Level Selection Choice:**  Option A or  Option B or  Other- please describe below.

Any further information or expectations of care needed with your pet(s), any additional information is appreciated:

\_\_\_\_\_.

**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 LLC- Spencer Warr to provide the services requested for my pet(s) according to the terms outlined.

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

**Thank you for submitting your pet care inquiry! I have received your information and am excited to potentially welcome your furry family into The Critter Keeper family.**

**The next step is for me to review your submission. Within 48 hours, you'll hear from me with either a request for more information or a personalized estimate for care.**

**This estimate will include a fee for our initial meet-and-greet. This is a great opportunity for us to get to know each other, and for me to meet your pets and learn their routines. This helps ensure a smooth experience for everyone while you're away.**

**If, after our meeting, you decide my services aren't the right fit, I do require payment for the time spent on the meet-and-greet.**

**I'm looking forward to connecting with you soon!**



**Happy Critters, Happy Owners: Licensed, Bonded & Insured!  
Oregon Business Registry #2561351-96. Registered with the City of Portland Revenue Division.**