

Please complete areas in blue.



678.469.4921 * LuvYourPetz.com * Pet-Care@LuvYourPetz.com

Client Information		Account #:			
Name:		Would you like a text? (circle one)		Home	
Address:		Yes or No		Cell	
		1st visit, last visit 1x per day		Cell	
Spare Key Location:		In Case of Emergency Name & Number:			
May we use you as a reference?	May we keep a key on file?	May we post pictures in marketing?		How did you hear about LYP?	
Signature:		Date:			
Emails:					
Pet Information					
Pet Name(s):					
Breed(s), Color(s):					
Vet Clinic:			#	Dr.	
Services Needed:	Lights?	Windows?	Plants?	Mail?	Trash Day:
Medications:					
Visits (circle one):	15 30 or 60 minutes		Times preferred:		
Pet Care Dates:					
Instructions:					
Billing:	Number:	Fees:	Total Fees:	Notes:	
Total Visits:				Late Fee:	Keys: <u>Alarm codes:</u> Enter: Exit: Password: Location of pad: It is advised to place a credit card on file with your veterinary office. Notify them of any expense limitations.
Holiday Fees:		\$5		10%	
Extra Value Fees (1 hour):		\$10			
Premium Fees (8pm-7am):		\$10			
Boarding:		\$35			
Pet Sitter	Pay:		Total Invoice:		
Mileage Round Trip:	0		Total Paid:		
Mileage Total:			Total Due:		
Ending Date:		Due Date:	1st visit		
/Users/LYP/Documents/Clients/-New Clients/Client Profile				Revised 1/1/15	