

**Take the Lead Customer Information and Agreement
Cat Services**

Customer Information

Pet Owner's Name: _____
Address: _____
City: _____ Postal Code: _____
Home Phone Number: _____ Business Phone Number: _____
Cellular Phone Number: _____ E-mail: _____
Emergency Contact: _____ Phone Number: _____

Pet Information

Pet's Name: _____
Age: _____
Colors/Markings _____ Collar: _____
Crated/ Run of House/ Outdoors/ Limited to: _____
Relevant History (Medical/ health concerns): _____
Pet's Medications: _____
Particulars Related To Medications: _____
Allergies: _____
Treats/Food: _____
Documentation of Vaccinations: _____
Date of Last Check up: _____
Vet Name/Address/Phone Number: _____
Is your cat insured? : YES/NO
Are there any special games your cat enjoys? (List and describe)

Does your cat have any aggressions toward other animals and/or people? If yes, describe

Does your cat get frightened easily? If yes, describe _____

Security System

Company Name: _____ Code: _____
Phone Number: _____ Password: _____
Arming Instructions: _____
Disarming
Instructions: _____

Property Description

Securely Fenced: Yes No

Pet Door: Yes No

Describe any problems with the fence:

Location of cleaning supplies (solvents, broom, dustpan, paper towels, etc.):

Location of Emergency Shut Off Switches:

Gas: _____ Water: _____ Circuit Breaker: _____

Will you have any one else on your property while I am there (relatives, friends,

house cleaner, etc): Who: _____ When: _____

Who: _____ When: _____

Service

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							
Time							

Service Requested/Cost:

Special Instructions:

Start Date: _____

Payment Submitted: _____

Keys Obtained: _____

Pet Owner: _____

I have answered the above information as truthfully and as accurately as possible

I agree to Take the Lead's policies and procedures

Take the Lead: _____ Dated: _____