

**Take the Lead Customer Information and Agreement
Small Animal 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: _____ Type: _____
Age: _____ Colors/Markings _____
Relevant History (Medical/ health concerns): _____
Pet's Medications: _____
Particulars Related To Medications: _____
Allergies: _____
Vet Name/Address/Phone Number: _____
Is your animal insured? : YES/NO

Security System

Company Name: _____ Code: _____
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: _____

Service

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|--------|--------|---------|-----------|----------|--------|----------|
| Time | | | | | | | |
| Time | | | | | | | |

Service Requested/Cost:

Where does your pet live? _____ Can your pet be handles? Yes/No _____

Where do you keep your pet? _____

What type of food does your pet eat? _____

How much food does your pet eat? _____ How many times per day? _____

Has your pet ever tried to escape? Yes/No _____

Is there anything else you would like us to know? (please include bed times and awake times)

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: _____