



CASTLE KEEPERS AK

CLIENT SERVICE PROFILE

Client name: _____

Address: _____

Emergency contacts: _____

Neighbors' names & phone numbers: _____

Veterinarian name & phone number: _____

Travel agent & phone number: _____

Anticipated departure date: _____

Anticipated return date: _____

Your destination & contact numbers: _____

PET CARE

Pet #1 name: _____ Breed: _____ Color: _____

Pet #2 name: _____ Breed: _____ Color: _____

Additional pets & info: _____

Favorite foods/where they're located: _____

_____ Treats? Y / N: _____

Medications and schedules: _____

Exercise routine: _____

Allowed outside: Y / N Length of time? _____ Inside at night? _____

Sensitive to weather: Y / N _____

Grooming routine: _____

Groomer's name/ appointments scheduled: _____

Things your pet likes: _____

Things your pet dislikes: _____

Habits? Usual or unusual (All critters have them): _____

PLANT CARE

Plant locations & watering schedule (please list all). Total number of plants: _____

Specific plant care instructions (special foods / sunlight schedules etc. :

SPECIAL INSTRUCTIONS

Grocery shopping for your return home? Y / N _____

Would you like Castle Keepers AK to pick up your mail from your local post office? Y / N

If so, please list location and box #: _____

Anticipating any urgent mail? Y / N _____

Would you like Castle Keepers AK to forward your mail to you while you're away? Y / N

Where to? _____ How Often? _____

Lawn care / snow removal? Y / N _____

!!IMPORTANT!!

Please list anyone authorized to enter your property:

Additional information:

THANK YOU!