



New Client Information Form

Full Name Spouse's Name	
Phone Numbers	1.) 2.)
Address	
Email Address	
Emergency Contacts (names & numbers) Please include people that are able to make a decision on your behalf in the event of an emergency and you are not reachable. (They do not need to be local).	1.) 2.) 3.) 4.) 5.)
Pet name, gender, age, and description	
Veterinarian	
Meal Instructions (amount, frequency, & location)	
Major Medical History or Concerns	
Medication Instructions	
Has your pet(s) ever acted aggressively? To people? Other dogs? Food or crate aggressive?	
Do you approve backup sitter(s) without an additional introductory visit?	

I, _____, certify that the above information and instructions are correct. I agree to submit any changes in my pet's behavior or changes to my pet's meal and/or medication instructions in writing to Blissful Buddha Pet Services.

_____ Signature / Date