



DELCO DOGGIE
Pet Services

INFORMATION SHEET & AUTHORIZATION

CLIENT (OWNER(S) or MOM/DAD) _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE #1 _____ OWNER _____ TXT MSG CAPABLE Y / N

CELL PHONE #2 _____ OWNER _____ TXT MSG CAPABLE Y / N

CELL PHONE #3 _____ OWNER _____ TXT MSG CAPABLE Y / N

EMAIL(S) _____

EMERGENCY CONTACT NAME & PHONE # _____

NEIGHBOR CONTACT & PHONE # (INCLEMENT WEATHER) _____

NAMES AND TYPES OF ANIMAL(S) _____

SERVICES REQUESTED _____

START DATE _____ END DATE _____

WEEKLY DAYS _____ TIMES NEEDED _____

VETERINARIAN(S) _____ PHONE # _____

FOOD/TREAT LOCATION(S) _____

LEASH LOCATIONS _____

DISPOSAL OF POOP BAGS _____

CIRCUIT BREAKER LOCATION _____

ALARM AND ACCESS CODES _____

HOW DID YOU HEAR ABOUT US _____

SPECIAL INSTRUCTIONS/ADDITIONAL INFORMATION: _____

TO WHOM IT MAY CONCERN: Delco Doggie and/or their representatives have full right and access to our property. They are caring for our animals and watching our property in our absence. You may reach us or our authorized representative at the numbers shown above for confirmation of this agreement.

Client Signature Date