

# Karing by Kristina



Complete Pet Care Professionals

## CLIENT PROFILE

PO Box 10724  
Alexandria VA 22310  
703-329-1043  
www.karingbykristina.com

		B&B Client:	_____
		Interview Date:	_____
		Pet Sitter:	_____
		Backup Sitter:	_____
First Name:	_____	Last Name:	_____
Street Address:	_____		
City:	State:	Zip: _____	
Home Phone:	Business Phone:		_____
Other Phone:	Email _____		
<b>HOME SECURITY</b>			
Alarm System:	_____		
Hidden Keys:	_____		
Others with keys to home:	_____		
In Case of Home Emergency:	_____		
Name(s):	_____		
Relationship(s):	_____		
Home Phone(s):	_____		
Work Phone(s):	_____		
<b>ADDITIONAL SERVICES</b>			
Would you like any of the following services to be provided?			
Newspaper Pickup	_____	Minimal Plants/Garden Watered	_____
Mail Pickup	_____	Trash Put Out	_____
House Light/Blind Adjust	_____	Other:	_____
<b>PET INFORMATION</b>			
Name(s) and Date(s) of Birth of Each Pet:			
Name:	_____	Name:	_____
DOB:	_____	DOB:	_____
Name:	_____	Name:	_____
DOB:	_____	DOB:	_____
<b>VETERINARIAN SERVICES</b>			
Vet Clinic/Hospital:	_____		Doctor Name: _____
Address:	_____		Phone: _____
24-Hour Service:	Account Setup for Emergency:		_____
In Case of Pet Emergency:	_____		
Name(s):	_____		
Relationship(s):	_____		
Home Phone(s):	_____		
Work Phone(s):	_____		
Permission to Use the Following Pet Hospitals:			
Alexandria AH	_____	Beltway Emergency AH	_____
Dunkirk AH	_____	Vet Emer Treatment Svc Waldorf	_____