



kellibury.com (443) 676-4798

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### New Client Information

Please provide the following information to help me better serve you.  
We can review any items you are unsure of at our Meet-n-Greet appointment.

#### Name

First

Last

#### Home Address

Address Line 1

Address Line 2

City

State

Zip Code

#### Cell #1

#### Cell #2

#### Email #1

#### Email #2

**Requested # of updates per day:**  1  2  3    **Method:**  Email  Text  
**Please circle the cell # or email address above that should be used for updates.**

#### Emergency Contact

First

Last

#### Emergency Contact Address

Address Line 1

Address Line 2

City

State

Zip Code

#### Emergency Contact Phone #

## Pet Information

**Veterinary Clinic**

**Phone #**

**Name of preferred veterinarian**

**After Hours Emergency #**

**Address**

Address Line 1

Address Line 2

City

State

Zip Code

**Pet #1**

**Pet Name**

**Pet Type**

- dog  cat  
 other

**Breed**

**Age**

**ID Tag?**

Yes  No

**Microchip?**

Yes  No

**Vaccinations Up to Date?**

Yes  No

**Spayed/Neutered?**

Yes  No

**Medications (please list dosage, frequency, instructions for administration)**

**Feeding Instructions (please list what, how much, when, and any quirks I should know)**

**Any special dietary restrictions?**

**Occasional treats allowed?**

Yes  No

**What does this pet not tolerate well? (i.e. certain people, animals, situations)**

\* If you have more than one pet you'd like me to care for, please complete and attach additional Pet Information sheets (provided at end of this form).

## Misc Home Information

### Alarm?

Yes  No

### Instructions

Arming instructions only. Code will be collected in person at Meet-n-Greet.

### Lights on timer?

Yes  No

### Should any lights stay on?

### Bring in mail?

Yes  No

### Who can I thank for referring me to you?

For security reasons, please leave the following to be completed in person, during Meet-n-Greet.

#### Wifi

#### Wifi code

#### Garage code

#### Front door code

#### Alarm code

## Additional Pet(s) Information

(Please print and complete as many as needed.)

Pet #

**Pet Name**

**Pet Type**

- dog  cat  
 other

**Breed**

**Age**

**ID Tag?**

- Yes  No

**Microchip?**

- Yes  No

**Vaccinations Up to Date?**

- Yes  No

**Spayed/Neutered?**

- Yes  No

**Medications (please list dosage, frequency, instructions for administration)**

**Feeding Instructions (please list what, how much, when, and any quirks I should know)**

**Any special dietary restrictions?**

**Occasional treats allowed?**

- Yes  No

**What does this pet not tolerate well? (i.e. people, animals, situations)**