



TAILS OF PHILLY

NEW CLIENT SERVICE REQUEST

NEW CLIENT INFORMATION

Client Last Name: _____ Client First Name: _____

Additional Client Names (Spouses, Partners, etc.): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Office Phone: () _____ Cell Phone: () _____

Other phone numbers we should have on file: _____

Email Addresses: _____

Emergency contact (Name & phone #): _____

Lockbox/electronic lock code, if applicable: _____

Wifi username and password (for overnight visits): _____

KEY RETURN (circle): **Keep on file** **In person (\$10 fee)** **Left on final visit** **Leave at front desk**

SECURITY SYSTEM INFORMATION

Alarm Company's Name/Phone: _____ Cameras in use: **YES** **NO**

Location of security pad: _____

HOW TO DISARM SECURITY SYSTEM: _____

HOW TO ARM SECURITY SYSTEM: _____

TYPE OF SERVICE REQUESTED (Circle all that apply)

Dog Walking **Pet/House Sitting** **Boarding** **Pet Taxi** **Errand Service** **Dog Training**

SERVICE TYPE: DOG WALKING

Start Date: _____ # of walks/day: _____

Days of the Week: **MON TUES WED THUR FRI SAT SUN**

Preferred Time/Visit (please allow a 3-hour window): _____

Length of Walk: **15 –minutes 30-minutes 45-minutes 60-minutes**

SERVICE TYPE: PET/HOUSE SITTING

Day, Date & Time of Departure: _____ Day, Date & Time Return Home: _____

First Visit Date/Time: _____ Last Visit Date/Time: _____ How Many Visits per Day? _____

Preferred Time/Visit (please allow a 3-hour window): _____

Length of Visit (circle): **15 –minutes 30-minutes 45-minutes 60-minutes Overnight**

Collect mail, pkgs & newspapers? **YES NO** Where should mail/pkgs be placed? _____

Plant watering: **YES NO** Alter lights, open/close curtains or blinds? **YES NO** TV/Radio left on? **YES NO**

SERVICE TYPE: BOARDING

Day, Date & Time of Departure: _____ Day, Date & Time Return Home: _____

Do you need your pet(s) to be picked up and/or dropped off from/to your home? **YES NO**

SERVICE TYPE: PET TAXI

Day, Date & Time of Pet Transport: _____

Pick up Location: _____

Drop off Location: _____

Do you need us to stay with your pet during their appointment? **YES NO**

SPECIAL INSTRUCTIONS: _____
