



Lap of Luxury
Premium Pet Sitting Services
Edmonton, AB
780-604-5259
info@petlapofluxury.com

Client Information Form

First Name: _____ Last Name: _____

Phone Number: _____ Alternate: _____

Email: _____

Address: _____ City: _____

Postal Code: _____ Province: _____

Emergency Contact

Name: _____

Relationship to Client: _____

Phone: _____

Email: _____

Veterinary Contact

Veterinary Hospital Name: _____

Address: _____

Phone: _____

Emergency Veterinarian (If different): _____



Pet Information:

Pet #1

Name: _____

Type of pet: (Circle one) Cat / Rabbit / Ferret / Bird / Other: _____

Breed: _____

Birthdate or approximate age: _____ Colour: _____

Sex: (Circle one) Male / Female

Vaccinations up to date? (Circle one) Yes / No

Known health issues: _____

Medications: _____

Known Allergies: _____

Neutered or spayed? (Circle one) Yes / No

Have there been any behavioural issues with your pet in the past? (Aggression towards people, kids, other dogs, other animals?) Yes / No

If yes, please explain: _____

Has your pet received professional training in the past? (Circle one) Yes / No

Anything else we should know about your pet?: _____



Pet #2:

Name: _____

Type of pet: (Circle one) Dog/ Cat / Rabbit / Bird / Other: _____

Breed: _____

Birthdate or approximate age: _____ Colour: _____

Sex: (Circle one) Male / Female

Vaccinations up to date? (Circle one) Yes / No

Known health issues: _____

Medications: _____

Known Allergies: _____

Neutered or spayed? (Circle one) Yes /No

Have there been any behavioural issues with your pet in the past? (Aggression towards people, kids, other dogs, other animals?) Yes / No

If yes, please explain: _____

Has your pet received professional training in the past? (Circle one) Yes / No

Anything else we should know about your pet?: _____
