



Client Check list

Client Name: _____

Pets

Name(s) _____

Leashes: _____

Food/Where _____

How much? When? _____

Treats?

When? _____

Medication?

When? _____

Cleaning supplies? Where? _____

Poop Bags/disposal _____

Security System(Yes /No)

Code? _____

Keys _____

Kept on Hand (Yes / NO) Date Received: _____

Any other

instructions _____
