

## TAILS OF PHILLY NEW CLIENT SERVICE REQUEST

## NEW CLIENT INFORMATION

Client Last Name:	Client	Client First Name:		
Additional Client Names (Spouses, Parti	ners, etc.):			
Street Address:				
City:	State:	Zip (	Code:	
Home Phone: ( )	Office Phone: ( )	Cell Ph	one: ( )	
Other phone numbers we should have or	n file:			
Email Addresses:				
Emergency contact (Name & phone #):				
Lockbox/electronic lock code, if applica	ble:			
Wifi username and password (for overni	ght visits):			
KEY RETURN (circle): Keep on f	ile In person (\$10 fee)	Left on final visit	Leave at front desk	
SECURITY SYSTEM INFORM	IATION			
Alarm Company's Name/Phone:		Cameras in use: YES	NO	
Location of security pad:				
HOW TO DISARM SECURITY SYSTI	EM:			
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

www.tailsofphilly.com Email: tailsofphilly@gmail.com Phone: (215) 645-2761

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:				

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## SERVICE TYPE: PET ERRAND SERVICE (circle)

Pet Food/Supplies Pick up & Delivery Pet	Meds Pick Up & Delivery	Wait-At-Home Service
Research/Information Gathering Vet App	ointment Grooming Appoi	ntment Other:
Please describe in detail services required:		
Date of service:		
SERVICE TYPE: DOG TRAINING		
Number of Sessions (circle): One Si	x Twelve	
Length of Sessions (circle): <b>30-minutes 60</b>	)-minutes	
Which package (circle): Puppy Basic Ad	ult Obedience Behavior	· modification
What goals would you and your puppy like to a	achieve?	
What experience, if any, do you have with a pu  Additional comments/instructions:		
Tails of Philly, LLC agrees to provide Client has reviewed this document in its entiret		through agrees to its terms.
Client Signature		Date

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