

## Client Information

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### **Stella's Sitting Service (360) 510-8032**

It is important that you provide all of the information below so that we have the correct contact information on file. Please be sure to provide a valid e-mail address. If any of the information below changes, please contact me so that I can update your records.

#### **Primary Owner**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Which phone number is best to contact you during business hours? \_\_\_\_\_

#### **Secondary Owner- AUTHORIZED to schedule/change services & make decisions regarding care of pet**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Which phone number is best to contact you during business hours? \_\_\_\_\_

#### **Emergency Contact (Local)- In the event that the Primary or Secondary contacts are unavailable**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Which phone number is best to contact you during business hours? \_\_\_\_\_

How did you hear about Stella's Sitting Service? \_\_\_\_\_

**\*\*Cancellation Policy: Cancellation must be made 24 hours prior to service, otherwise, a fee may apply\*\***