



## HOCAS CLIENT INFORMATION

### Contact Information:

Client Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

Other family members in house? Please list names & ages \_\_\_\_\_

\_\_\_\_\_

Would you like email \_\_\_ phone \_\_\_ and/or text \_\_\_ updates on your pets?

Did someone refer you to HOCAS? \_\_\_\_\_

### Emergency Information:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relation \_\_\_\_\_ Key to your home? \_\_\_\_\_

Will anyone be checking on your pets other than HOCAS? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ Landlord/Management Name & Phone,

if applicable \_\_\_\_\_

Veterinarian Name/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_



**“After hours” Veterinary Care?**

\_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Alarm Security Code & Location:** \_\_\_\_\_

**Garage Code & Location:** \_\_\_\_\_

**Alarm Company Name and Phone** \_\_\_\_\_

**Special Instructions** \_\_\_\_\_

**Do you have a yard?** \_\_\_\_\_ **Fenced?** \_\_\_\_\_ **If so, please describe** \_\_\_\_\_

\_\_\_\_\_

**Where do you keep your “poop bags,” leashes, and/or carriers?**

\_\_\_\_\_

**Cleaning Supplies are located where?** \_\_\_\_\_

\_\_\_\_\_

**Pet Food and/or Litterbox Location** \_\_\_\_\_

**Pet Water Location(s)** \_\_\_\_\_

**Pet Medications located where** \_\_\_\_\_

**Would you like HOCAS to turn lights on/off for you?** \_\_\_\_\_

**Anything else that we should know?**

\_\_\_\_\_

\_\_\_\_\_