



# WHISKERS, TAILS & SCALES

## Client Intake Form

*(One form per household)*

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### **1** Client Details

**Full name:**

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**Address:**

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Postcode: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

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## **2** Emergency Contact (Required)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

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## **3** Veterinary Details

Vet practice name: \_\_\_\_\_

Vet phone number: \_\_\_\_\_

**Do you authorise Whiskers, Tails & Scales to seek emergency veterinary care if you cannot be contacted?**

- Yes
- No

*(All veterinary costs remain the responsibility of the client.)*

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## **4** Property & Access Information

**Type of property:**

- House
- Flat
- Other: \_\_\_\_\_

**Alarm system present?**

- No
- Yes (instructions to be provided at meet & greet)

Any access notes (parking, gates, quirks):

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## **5** Key & Access Acknowledgement

I understand that my keys will be securely coded and never labelled with my name or address.

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## **6** Pets in the Household

*(Repeat this section for each pet)*

### **Pet 1**

**Name:** \_\_\_\_\_

**Species:** \_\_\_\_\_

**Breed / Type (if relevant):** \_\_\_\_\_

**Age:** \_\_\_\_\_

### **Indoor / Outdoor / Mixed:**

- Indoor
- Outdoor
- Mixed

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## Behaviour & Handling

Has this pet ever bitten, scratched, or reacted defensively?

- No
- Yes (please explain):

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**Handling preference:**

- Handling is fine
- Handling only if necessary
- No handling preferred

**Known stress triggers:**

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## Feeding & Care

**Food type & amount:**

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**Medication required?**

- No
- Yes (full instructions required)

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## Exercise / Enrichment

**Does this pet require activity beyond feeding and checks?**

- No
- Yes (please describe):

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## Nocturnal Activity

Is this pet primarily nocturnal?

- No
- Yes

If yes, please confirm that all care requirements can be met between **09:00 and 21:00**.

- I confirm
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## **7** Lived-In Look Preferences

*(Household Guardian Role)*

Please tick and/or describe what you would like done while you're away:

- Bins put out / brought back
- Lights used (timers or manual)
- Curtains / blinds adjusted
- Post handled
- Pet areas kept tidy

**Anything else important for a "lived-in" look:**

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**Areas not to be accessed:**

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## 8 Pet Reassurance Camera (Optional)

- No camera in use
- Camera in use (client-owned)

If yes, I confirm that:

- Cameras are for reassurance only
  - Cameras will not record or stream during visits unless agreed
  - No audio recording is used
  - Cameras are positioned only in pet areas
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## 9 Photos & Recommendations

Permission to take photos for private updates:

- Yes
- No

Permission to use non-identifying pet photos for recommendations/testimonials:

- Yes
- No

*(Photos will never include people, addresses, or identifying details.)*

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## 10 Working Hours Acknowledgement

I understand that Whiskers, Tails & Scales operates between **09:00 and 21:00 only**, and does not offer visits outside these hours.

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## **1 1 Insurance Acknowledgement**

I confirm that my home insurance permits authorised third-party access **or** that I have notified my insurer.

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## **1 2 Founding Recommendation Period (if applicable)**

I understand that any complimentary care is offered at discretion, is time/capacity limited, and does not alter standard service boundaries.

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## **1 3 Declaration & Signature**

I confirm that the information provided above is accurate and complete.

**Client signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_