



**CUSTOMER QUESTIONNAIRE**

* Customer’s name:
* Address:
* E-mail Address:
* Phone: (H) (C)

Text Friendly Picture Messages

* Emergency contact person:
* Phone:
* Fur-Baby’s Name Age
* How did you hear about Julie’s Critter Care?
* Veterinarian’s Name & Phone
* Does your fur-baby have any health issues?
* Medications? YES NO

 If so, Please list all medications:

* Food Allergies
* Feeding Schedule
* Pick Up Mail Put Out Trash Water Plants
* Wifi Network Password
* Notes
* Owner’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_