

# Sandy Paws Dog Sitting, LLC

11 E. 34 Street, Brant Beach, NJ 08008-4106

## OWNER INFORMATION

Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone Contact \_\_\_\_\_

Primary Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Secondary Address \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

*Someone other than you, who is not vacationing with you, who can make emergency decisions for your dog(s) on your behalf*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Authorized individual(s) other than yourself allowed to drop-off/pick up your dog(s) \_\_\_\_\_

## VETERINARIAN INFORMATION

Vet Clinic / Hospital \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Last Vet Visit \_\_\_\_\_ Rabies Vaccination: Date \_\_\_\_\_ Copy of Certificate provided \_\_\_\_\_

Distemper vaccination verification provided \_\_\_\_\_ Bordetella vaccination verification provided \_\_\_\_\_

Negative stool sample test verification provided \_\_\_\_\_ Heartworm Medication \_\_\_\_\_ Last Given \_\_\_\_\_

Flea & Tick Medication / Preventative \_\_\_\_\_ Last Given \_\_\_\_\_

**For all of our pets' safety, the above vaccinations and medications are required for any length of stay, and given at least two weeks prior to their vacation with Sandy Paws. NO EXCEPTIONS, unless written authorization is provided by your veterinarian.**

## Other Medical information

Medication	Dose	How Many Times Per Day	With Food?

Comments \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_