

SkkyDogWalker

CLIENT PROFILE

(Please fill out form in its entirety!)

Client's name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell: _____

Emergency contact: _____ Relationship: _____ Phone number: _____ Key to home?

Y N

Y N

Others who have access to your home (housekeeper, etc): _____

Would like mail retrieved? Y N Location of mailbox key? _____ Box# _____

If you have a gated entry, please list code: _____ *If your community has a guard gate, please notify gate of the visitor.*

If you have an alarm system, please provide entry code: _____ exit code: _____ password: _____

Other instructions:

How did you hear about us? _____

Can we use you as a reference? Y N

Key return Ready key customer - key retained by Skky Sadarangani. Please provide two copies. One copy will be kept secure in our office, second copy will be in the possession of your Pet Sitter while making rounds.

Please leave key at _____ after last visit

In person (\$5.00 charge) per drop off or pick up (free pick up for new customers)

May we post pictures of your pet(s), on walks, to our social media pages for promotional use? Y N

Client signature Date

Skky Sadarangani Date

SkkyDogWalker

PET INFORMATION QUESTIONNAIRE

(Please fill out form in its entirety!)

PET INFORMATION

Pet's name: _____ DOB: _____ Male Female Spayed Neutered

Type of pet: Dog Cat Other Breed: _____ Color: _____

Any behavior or problem to be aware of? _____ Shots up to date? Y N

Is your pet aggressive toward animals? Y N Is your pet aggressive toward people? Y N

FEEDING INSTRUCTIONS

Type of food: _____ Portion: _____ Time of feeding: _____

Type of food: _____ Portion: _____ Time of feeding: _____

Treat type: _____ Portion: _____ Per day: _____

Your pet drinks: TAP WATER BOTTLED WATER ICE NO ICE

LOCATION INSTRUCTIONS

Dry food: _____ Wet food: _____ Treats: _____

Meds: _____ Leash: _____ Litter: _____

SPECIAL INSTRUCTIONS

Line1: _____

Line2: _____

Line3: _____

Line4: _____

Line5: _____

Line6: _____

Client signature _____ Date _____

Skky Sadarangani _____ Date _____

SkkyDogWalker

VETERINARY RELEASE

(Please fill out form in its entirety!)

Vet's name that contains medical record: _____

Address: _____ Phone: _____

Vet with your Pet(s) medical record if different than above: _____

Address: _____ Phone: _____

To the Hospital:

Skky Sadarangani has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. Skky Sadarangani will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below.

Pet Owner: _____

Address: _____

Phone: _____ Alt phone: _____

Pet's name: _____ Age: _____ Weight: _____

1. I agree that another vet in his/her practice may care for pet(s). I give permission for Skky Sadarangani to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission to the vet to treat my pet(s) in the event of a health issue.
3. I give permission to Skky Sadarangani to approve treatment up to \$ _____ (_____ initial)
4. I understand that Skky Sadarangani assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.
5. Other conditions, if any _____

My pet(s) has/have the following health issues:

This consent for treatment has no expiration date unless otherwise noted.

Client signature Date

Skky Sadarangani Date

SkkyDogWalker

PET MEDICATION INSTRUCTION

(Please fill out form in its entirety!)

Pet's name: _____ Health concerns: _____

Medication 1. _____ Portion: _____ AM NOON PM

Medication 2. _____ Portion: _____ AM NOON PM

Medication 3. _____ Portion: _____ AM NOON PM

Medication 4. _____ Portion: _____ AM NOON PM

Location: _____

Pet's name: _____ Health concerns: _____

Medication 1. _____ Portion: _____ AM NOON PM

Medication 2. _____ Portion: _____ AM NOON PM

Medication 3. _____ Portion: _____ AM NOON PM

Medication 4. _____ Portion: _____ AM NOON PM

Location: _____

Pet's name: _____ Health concerns: _____

Medication 1. _____ Portion: _____ AM NOON PM

Medication 2. _____ Portion: _____ AM NOON PM

Medication 3. _____ Portion: _____ AM NOON PM

Medication 4. _____ Portion: _____ AM NOON PM

Location: _____

Client signature

Date

Skky Sadarangani

Date

