



Skky Dog Walker, LLC
skkydogwalker.com

CLIENT PROFILE

To ensure the safest experience for your pet and our team, please fill this out in its entirety.

Client Name:		Pet Name(s):	
Address:		Email:	
City/Zip:		Cell:	
Client Birthday:		Pet Birthday:	

Emergency Contacts:	Relationship:	Phone Number:

Gate Code:
Alarm System:
Number of keys issued to Skky Dog Walker:
Other instructions:

How did you hear about us?
Can we use you as a reference?
Permission to post pictures of your pet(s) on our social media pages?

Client Signature:

Date:



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PET PROFILE

For the safety of your pet(s), please complete this page for each pet.

PET INFORMATION

Pets Name:	DOB:	Male / Female
Type of Pet:	Breed:	Spayed / Neutered
Housebroken:	Color:	Apx Weight:
Is your pet aggressive toward animals? Y/N	Known Behavioral Issues:	
Is your pet aggressive toward people? Y/N	Known Health Issues:	

FEEDING INSTRUCTIONS

Type of Food:	Amount:	Time:
Type of Food:	Amount:	Time:
Treats:	Amount:	Per Day:
Water preference: Tap / Bottle	Ice? Y/N	

SUPPLY LOCATIONS/INSTRUCTIONS

Dry Food:	Treats:	Meds:
Wet Food:	Leash/Harness:	Litter:

SPECIAL INSTRUCTIONS

Client Signature:

Date:



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VETERINARIAN RELEASE

PETS NAMES:

MEDICAL

Primary Veterinarian:	
Address:	
Phone:	

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

Pet Owner:

Cell phone:

Pet Name:

1. I agree that a vet other than those listed above may care for my pet(s). I permit Skky Sadarangani to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I permit the vet to treat my pet(s) in the event of a health issue or injury.
3. I permit Skky Sadarangani to approve treatment up to \$_____.
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 expenses.
5. Other conditions, if any:_____

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

Client Signature:

Date:



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MEDICATIONS

For the safety of your pet(s), please complete this page.

Pet Name:			AM:	NOON:	PM:
Medication 1:		Dose:			
Medication 2:		Dose:			
Medication 3:		Dose:			
Medication 4:		Dose:			
Medication Location:					
Health Concerns:					

Pet Name:			AM:	NOON:	PM:
Medication 1:		Dose:			
Medication 2:		Dose:			
Medication 3:		Dose:			
Medication 4:		Dose:			
Medication Location:					
Health Concerns:					

Client Signature:

Date:



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POLICIES & DETAILS

CANCELLATIONS:

Cancellations within 24 hours of scheduled services are nonrefundable, and full payment is due at the time of cancellation.

PET SITTING (Including OVERNIGHTS & HOLIDAYS):

Partial or complete cancellations within three (3) days of scheduled services will be charged in full at the time of cancellation.

PAYMENT:

Full payment is due at the time of service unless otherwise discussed.

For extended care plans, 50% of the estimated balance is due upon service start, and the remaining balance is due at the end of services.

Accepted methods of payment:

Zelle: skkydogwalker@gmail.com or 347-933-7096

Cash

Check

Credit Card (3.4% service fee)

TEAM MEMBERS:

We welcome your feedback and are committed to continuous improvement. Please let us know immediately if you ever feel our team members are not meeting professional standards. Your input is invaluable in helping us maintain the quality of our services.

We understand our team members are the best of the best! That's why they work for us. Please don't hire them outside of our schedule. Our team members are discouraged from participating in pet sitting/dog walking outside the company umbrella, and Skky Dog Walker, LLC releases responsibility and liability if done.

Client Signature:

Date:



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OUR PROMISE TO YOU

At **Skky Dog Walker, LLC**, integrity is at the heart of everything. We are dedicated to providing safe, reliable, and compassionate care for your pets while maintaining the highest standards of professionalism and ethical conduct.

1. **Trust and Transparency**

We build trust through open communication, transparent policies, and reliable service. Clients can expect consistent updates and transparency about their pets' care.

2. **Safety and Well-Being**

Our top priorities are the safety, happiness, and well-being of the pets in our care. We are committed to following best practices and providing attentive, responsible care during every walk, sit, and training session.

3. **Professionalism**

We honor our commitments with punctuality, dependability, and respect for each client's unique needs. Your trust is our greatest asset, and we work diligently to earn and maintain it.

4. **Compassion and Respect**

We treat every pet with kindness, patience, and respect, ensuring they feel comfortable and loved in our care.

5. **Client Privacy and Confidentiality**

We deeply respect our clients' privacy. All personal information, access details, and interactions are handled with the utmost discretion and kept strictly confidential.

6. **Respectful Presence**

We treat your home and neighborhood with care and respect, ensuring our visits leave a positive pawprint on your space and surroundings.

Skky Dog Walker, LLC adheres to these principles and aims to build lasting relationships with pet owners. We prioritize your privacy and your pet's well-being, striving to deliver peace of mind and joy for both owners and pets.

Thank you for trusting us with your pet!

Skky