



# YOUR DOG'S PROFILE (Please complete this form for each dog in your household.)

Dog's Name: \_\_\_\_\_ Sex: M F Age/Birthday: \_\_\_\_\_ Color/Breed/Description: \_\_\_\_\_

Veterinarian Preference: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Is your veterinarian aware that you will be using our pet-sitting/dog-walking service? No, will notify Yes, have notified

If your vet is unavailable may we use another vet or emergency vet clinic? \_\_\_\_\_

How long have you had this dog? \_\_\_\_\_ Does your dog have health insurance? \_\_\_\_\_

Does your dog allow you to brush and groom it? Yes No Is your dog spayed or neutered? Yes No

Has your dog had obedience training? Yes No If yes, commands recognized: \_\_\_\_\_

Is the dog microchipped? If so, list chip company, phone # and ID # \_\_\_\_\_

Is there a digital ID tag? If so, list company and website: \_\_\_\_\_

How does dog react to your absence from home? \_\_\_\_\_

Does your dog have any hiding places? \_\_\_\_\_

Does your dog walk with a harness or any special collar? Yes No If yes, please describe? \_\_\_\_\_

How does your dog react toward children and adult strangers? \_\_\_\_\_

How does your dog react to other pets; e.g., any in-house grumbling or fighting? \_\_\_\_\_

Are you aware of any reason we should approach your dog with caution? \_\_\_\_\_

Does your dog have any contagious illness? \_\_\_\_\_

Does your dog have any physical conditions or problems I need to be alert to? \_\_\_\_\_

List any special attention these conditions or problems may require: \_\_\_\_\_

Is there anything your dog potentially dislikes/reacts to; e.g., males, long hair, thunderstorms, etc. \_\_\_\_\_

While walking on a leash, does your dog react to: Other Dogs Cats Squirrels Children Other \_\_\_\_\_

Has your dog ever bitten anyone, animal or human? \_\_\_\_\_

While walking your dog in your neighborhood, is there anything I should be aware of (e.g., unconfined dangerous dogs, neighborhood issues, etc.)? \_\_\_\_\_

Is your dog allowed free run of home's interior or contained in room or crate? \_\_\_\_\_

At what external temperature (low/high) should dog not be walked? \_\_\_\_\_

If multiple dogs, can dogs be walked together (with other dogs from same household)? Yes No

Can dog/s be walked with other dogs (from different households)? Yes No

Will pet-care responsibility be shared with anyone else? Yes No

If yes, please give name, address, phone number of other person and details of job sharing arrangement. \_\_\_\_\_

What is your dog's feeding schedule? Free Fed A.M. Only P.M. Only A.M. and P.M. Fed Pet Food Brand: \_\_\_\_\_

Can your dog have treats? Yes No What kind? \_\_\_\_\_ How Often? \_\_\_\_\_

Is there any additional information about your dog you would like to share? \_\_\_\_\_

# VEGAS FURRY WALKS & PET SITTING SERVICES

## SERVICE CONTRACT

Interview Appt.: \_\_\_\_\_

### CLIENT INFORMATION

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Address: \_\_\_\_\_

Directions: \_\_\_\_\_

Total # of Pets in the Home: \_\_\_ Dogs \_\_\_ Cats \_\_\_ Birds \_\_\_ Fish \_\_\_ Cage Pets \_\_\_ Other (please list) \_\_\_\_\_

#### Contact Information

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Can you accept text messages: Yes No If yes, would you like to receive photos of your pet(s) via text during your absence? Yes No

Contact Preference: Home Phone Cell Work E-mail Text

Client Permission: Allow photos of your pet(s) to be posted on pet sitting company's social media sites (Facebook, twitter, etc.)? Yes No

#### Veterinarian Information:

Name & Address of your Veterinarian? \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

#### Emergency Contact:

*In case of emergency, with your pet(s) or home, and you cannot be reached, who should we contact?*

Name & Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

In case of inclement weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets?

*(Name, address and phone number.)*

In the unlikely event that you are unable to return and assume care of your pet(s), please list the name of the person(s) we should contact to take over the care of your pet(s) until final pet guardianship is determined by arrangements made in your will or other legal documents.

Please be sure that you have notified the person(s) below that you have listed them as your emergency pet guardianship contact and that we have been given their contact information.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_