



WAG TIME – PET SERVICES

Phone: 214-734-5576 or 214-476-8951

Website: www.wagtimepetz.com

Email: wagtimepets@yahoo.com

FB: /wagtimepetservices

Instagram: @wagtimepetservices

Contact and Vacation Information

Dates of Vacation: _____

Pet's Name: _____

Drop Off Time: _____

Pick Up Time: _____

Pet Parent's Name: _____

Pet Parent's Phone Number Email: _____

Emergency Contact/Relationship: _____

Preferred method of Contact and Frequency of Updates: _____

Pet Info

Age: _____

Spayed/Neutered: Yes No

Microchipped: Yes No If Microchipped, Company & Chip #: _____

Breed: _____ Color: _____ Unique Markings: _____

Date of Last Vaccinations:

Rabies Expires _____

Bordetella Expires _____

DHLP (Distemper, Lepto, Parvo) Expires _____

Influenza Expires _____

Preferred Veterinarian Name and #: _____

Type of Flea Treatment: _____

Type of Heartworm Preventative: _____

Pet Care and Schedule

Food and Acceptable Treats: _____

Feeding Times and Amounts: _____

Walking and Bathroom Schedule: _____

Medication Required? Yes No

If Yes, please list the name, dose, and schedule here (and repeat on next page to ensure

accuracy: _____

Where does the dog sleep? Dog Bed Owner's Bed Crate Other: _____

What length of time is the dog ok being left alone? 2-4 Hours 4-6 Hours 6-8 Hours Can't be left alone

Behavior and Tips

Has your dog spent time with people outside of your immediate family? Are they comfortable around strangers and children? Yes No

Does your dog enjoy being with other dogs? Yes No

Other, please explain: _____

What size dogs have your dog been around? Small Medium Large None-they only spend time with us

Has your dog ever been fearful of other dogs or been in a scuffle with another dog? Yes No

If yes, what were the circumstances around that?: _____

Has your dog ever chewed on, eaten, or marked something they weren't supposed to? Yes No

If yes, what were the circumstances around that?: _____

Has your dog been around cats: Yes No

Do they get along with cats: Yes No

Has your dog ever exhibited signs of stress or anxiety when away from you or home alone? Yes No

If yes, do you have any tips for keeping them calm? _____

Any other Information about your dog you'd like us to know to make your dogs stay a happy one?

Medication List and Instructions
(Please use one page per pet)

Dog Name: _____

When to administer: _____ Before meal _____ After meal

How to administer (on food, in cheese/pillpocket/treat/etc,) _____

Medication : _____

Amount per day: _____

Medication : _____

Amount per day: _____

Medication : _____

Amount per day: _____

Medication : _____

Amount per day: _____

Please add any more information you think we made need to ensure that all medication is given out correctly.

ITEMS FOR YOUR PUPS VACATION

1. FOOD
2. TAGS, COLLAR, HALTER, LEASH, THUNDERVEST
3. BED (If needed). Toys are best left at home, unless your dog sleeps in a crate at night
4. MEDICATION AND INSTRUCTIONS
5. THIS PAPER WORK... People do forget in the rush of trying to get out the door

All the contact info you will need while on your trip:

Your Pet Sitter _____
(Name) (Phone Number)

Jacqui Kimberlin 214-734-5576
Christine Umanzor 214-476-8951

You can find your pets on Instagram or Facebook if you don't mind us sharing their pictures.

You can find us on Instagram/Facebook at @wagtimepets or at www.wagtimepetz.com

We hope you have a wonderful vacation or business trip knowing that your pets are in great hands...Thank you again for trusting us with their happiness and safety.

Regards....

Jacqui and Christine