



www.crazypawzpetcare.com

(440)361-9632

Pet Data Sheet

General Info

Pet name:	
Age:	
Dog or Cat - Breed:	
Gender: (circle one)	Male Male Neutered Female Female Spayed
Size: (circle one)	Tiny Small Medium Large Giant
Color/Markings:	

Diet

Brand of food:	
Food amount & feeding schedule:	

Personality, Temperament, & Training Profile

Check all that apply: <ul style="list-style-type: none"><input type="checkbox"/> Chewer<input type="checkbox"/> Digger<input type="checkbox"/> Escaper<input type="checkbox"/> Fearful<input type="checkbox"/> Fence Climber<input type="checkbox"/> Friendly<input type="checkbox"/> Noisy<input type="checkbox"/> Outgoing<input type="checkbox"/> Playful<input type="checkbox"/> Quiet<input type="checkbox"/> Shy<input type="checkbox"/> Basic Obedience<input type="checkbox"/> House Trained<input type="checkbox"/> Walks Nicely on Leash<input type="checkbox"/> Vocal<input type="checkbox"/> Other:	<p>List familiar words (examples-cookie, go for a walk):</p> <p>List familiar games (example - fetch):</p> <p>Any aggressive behaviors? (circle all that apply)</p> <p>Biting Growling Lunging Snapping Snarling</p> <p>Other:</p>
	<p>Ever bitten a person, other domestic animal, or wild animal? If yes, please explain.</p>

House Information

Home Entrance:	<p>Key Provided - Yes or No (circle one)</p> <p>Garage Code:</p> <p>Wi-Fi:</p> <p>Passcode:</p>
Food/treats/leashes/ Cleaner location:	

Medical

Hospital:	
Phone #:	
Veterinarian:	
Microchip #:	
List any special needs (allergies, food, environment)	
List all current medications and dosing instructions:	
Describe any current or past injuries, conditions, or surgeries:	

Owner(s) Information

Owner & Co-Owner Name:	
Address:	
Owner & Co-Owner Home/Mobile #:	
Owner Email:	
Emergency/Local Contact Name, Phone #, & Relation:	

Release Agreement:

I certify that I am the owner of the pet or pets listed above. I hereby grant permission to Crazy Pawz Pet Care (CPPC), to act on my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I agree to pay for all veterinary and other necessary services incurred by and for my pet under CPPC care. Crazy Pawz Pet Care LLC agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the owner of Crazy Pawz Pet Care LLC shall not be held personally liable for such illness or injury. I hereby state that all medical and behavioral conditions listed above have been diagnosed or consulted on with/by a veterinarian. By signing this release, I do hereby waive and release Crazy Pawz Pet Care LLC from all liability: Past, Present, and Future.

Payment & Cancellation Policy:

A 50% deposit is required to confirm your booking and is due upon accepting the emailed &/or texted estimate.

The remaining balance is due upon completion of services.

Estimates expire after 30 days. If the deposit is late or on the estimate is not accepted within the 30 days, a \$75 inconvenience fee will be added, and services may be suspend based on availability.

Cancellations within 7 days of departure will incur a 50% nonrefundable fee.

A one-time pet-sitting consultation is a \$30.00 prerequisite for pet sitting services which needs to be scheduled at least 7 days before leaving. Your tips are always welcomed

By signing below, I agree to the above information and acknowledgement of the release & cancellation policy.

Owner Signature:

Date:

You have the option to sign documents and return them during your pet consultation, or you can complete them at your convenience and email them to:

cppcoho@gmail.com

Please keep in mind that all documents requiring a signature must be completed before CPPC can begin providing services.

Preference & Referral

- Check here if you would rather receive a pet report card instead of check-ins via text while on vacation.

How did you hear about CPPC? _____ Referral? _____