

REGISTRATION FORM – DOG WALKING

SECTION A – YOUR PERSONAL INFORMATION

First Name Last Name (_____) Business

Street Address City, ON Postal Code

(_____) (_____) _____
Home Phone Cellular Personal Email Address

SECTION B – YOUR PET

Pet Name Breed Age Colour Male Female

Pet's Birthday (DD - MM- YY) Distinguishing Marks. Spayed/Neutered: Yes No

Date of last Vaccinations Is your pet on a Flea Treatment? Yes No Is your pet on heartworm preventative? Yes No

* Rabies: Yes No * Bordetella (Kennel Cough): Yes No * DHPP (Distemper, Hepatitis, Parvo, Parainfluenza) Yes No

Feeding Times & Amounts if applicable? _____

SECTION C – YOUR VETERINARIAN

Clinic Name (_____) Phone

Street Address City, ON Postal Code

Dr. _____
Name

Should the specified veterinarian be unavailable and/or further than 8km, Marlé Peens is authorized to use the nearest available veterinarian and approve medical and/or emergency treatment as recommended by the veterinarian. Client is to reimburse Marlé Peens for any expenses incurred while seeking treatment for client's pet(s) and release her from any liability related to the transportation, treatment or expense.

Do you have pet insurance? Yes No If yes, please provide details below:

Carrier Policy # (_____) Phone