

# WALKS and WAGS

## Pet Sitting Application

251.643.1615

cindie@walksandwags.com

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Second Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

email address \_\_\_\_\_

DMV Emergency Name and Phone \_\_\_\_\_

### PET'S INFORMATION

Pets Name \_\_\_\_\_

Date of Birth / Ages \_\_\_\_\_

Date of pets last shots \_\_\_\_\_ (Rabies, DHLPP, Parvo, & Kennel Cough)

Any accidents, injuries, or illness sustained by your pets we should be aware of \_\_\_\_\_

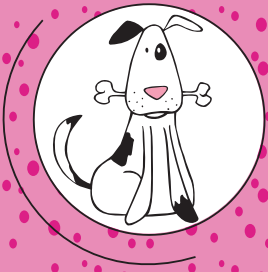
\_\_\_\_\_  
\_\_\_\_\_

What type of heartworm prevention is being used, if any? \_\_\_\_\_

What type of flea prevention is being used, if any? \_\_\_\_\_

List animal vocabulary/commands (i.e. come, sit, stay, heel, etc.) \_\_\_\_\_

\_\_\_\_\_



# Walks and Wags

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Please circle your answer

Does your pet:

Need medication administered?                      Yes      No

Explain \_\_\_\_\_

Attempt to escape through doors?                      Yes      No

Explain \_\_\_\_\_

Like to be picked up?                                      Yes      No

Explain \_\_\_\_\_

Bite or scratch?    Yes      No

Explain \_\_\_\_\_

Require brushing?                                        Yes      No

Explain \_\_\_\_\_

Chase other animals?                                      Yes      No

Explain \_\_\_\_\_

Have fear or aggression towards people?              Yes      No

Explain \_\_\_\_\_

Excessive pulling of leash?                              Yes      No

Explain \_\_\_\_\_

Have a favorite toy or places?                              Yes      No

Explain \_\_\_\_\_

Other Services:

Do your plants need to be watered?                      Yes      No

Explain \_\_\_\_\_

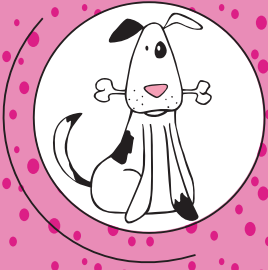
Do you need mail and papers picked up?              Yes      No

Explain \_\_\_\_\_

Do you want lights on or off?                              On      Off

Explain \_\_\_\_\_





# Walks and Wags

## Emergency Care Permission Form

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I/we the undersigned, give Walks and Wags Inc. permission to take our dog(s) \_\_\_\_\_ to the nearest animal hospital for care/treatment deemed necessary. I/we will be solely responsible for all payments, in full, incurred at this facility. I/we also understand and agree that Severe Emergencies may require treatment before we are contacted.

### Rough-Housing

There is inherent rough-housing in play. All dogs are screened for aggression, but fights can still occur. It is also possible for a puncture wound to happen during play sessions. In the event of a fight or injury, if needed, we will contact the owner or emergency contact person before providing any medical attention.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Please contact me, \_\_\_\_\_, in case of an emergency:

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Second Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_

Home phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Your dog's Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_