

WALKS and WAGS

Pet Sitting Application

P: 251.380.3833

F: 251.340.9998

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 _____

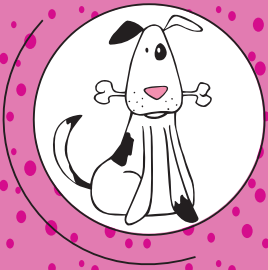
Date of pets last shots _____ (Rabies, DHLPP, Parvo, & Kennel Cough)

Any accidents, injuries, or illness sustained by your pet 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.) _____



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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

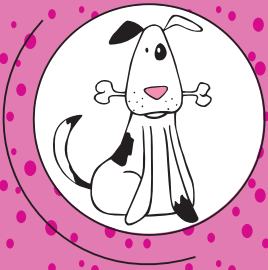
Explain _____

Do you need mail and papers picked up? Yes No

Explain _____

Do you want lights on or off? On Off

Explain _____



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Emergency Care Permission Form

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 _____