



COASTAL PET SITTERS

CLIENT INFORMATION

GENERAL INFO

LAST NAME: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Work Phone: (____) _____ Email: _____

How Many Dogs? _____

How Did You Hear About Us? ____ Family/Friend ____ Online Ad ____ Website

____ Door Sign ____ Pet Store ____ Veterinarian

Emergency Contact: _____

Phone Number: _____

CLIENT SIGNATURE: _____

DATE: _____

PET INFORMATION

NAME: _____ **NICKNAMES:** _____

Breed: _____ **Sex:** ☐ Male ☐ Female **S/N:** ☐

Color: _____ **D.O.B.:** _____

Tag/Collar ID/Chip#: _____ **Weight:** _____

Medical Conditions: ☐ No ☐ Yes:

Medications: 1) _____

2) _____

3) _____

Dosage: _____

Dosage: _____

Dosage: _____

DOG WALKING/FEEDING QUESTIONNAIRE

- 1) My Walking Gear: ☐ Nylon/Leather Leash ☐ Retractable Leash
☐ Collar ☐ Training Collar/Chain
☐ Haltee/Gentle Lead
☐ Other: _____
- 2) Snacks/Biscuits/Treats OK? ☐ Yes, any are OK ☐ Yes, but only ones provided ☐ No
☐ Canned ☐ Kibble
- 3) Food (Brand): _____
 Usual Feeding Time(s): _____ a.m./p.m.
 _____ a.m./p.m.
 Feeding Instructions:(cups/amount per feeding)

Allergies: None

Yes: _____

Other Notes You Should Know About Me:

VETERINARY RELEASE

PET SITTING PROFILE

In the unlikely event that my pet(s) should become ill or injured while in the care of Coastal Pet Sitters, I request that veterinary service be rendered by:

Animal Hospital: _____ Preferred Doctor: _____

Address: _____

Phone #: _____ Fax #: _____

If my pet should become sick or injured after hours, my vet cannot be reached, or it is a life threatening emergency, I understand that, in the best interest of my pet, services will be sought at the nearest emergency animal clinic. Efforts will be made to contact the client prior to seeking medical services whenever possible.

I give permission to Coastal Pet Sitters to approve treatment up to \$ _____. I also give permission for Coastal Pet Sitters to provide my credit card information to the animal clinic for payment up to the above stated amount. I certify that the credit card information provided is valid and correct. Should there be any problem billing the provided credit information, I certify that I will assume full responsibility for payment/reimbursement for veterinary services rendered upon my return either to the animal hospital or any out of pocket expenses to the pet sitter.

Coastal Pet Sitters does NOT assume responsibility for the actions or decisions of the veterinary staff. Furthermore, Coastal Pet Sitters will not assume responsibility for illness/injury of my pet unless it is due to negligence on the part of Coastal Pet Sitters and its staff. Coastal Pet Sitters will do everything possible to prevent injury/illness, however, I understand that accidents happen and that illnesses can occur no matter how well my animal is cared for.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorizations each time Coastal Pet Sitters cares for my pet(s). This agreement applies to all Coastal Pet Sitters affiliated pet sitters and assistants, if used.

Client Signature: _____ **Date:** _____
Client Name (print): _____ **Expiration Date:** _____
Credit Card #: _____ **Type:** V MC AMEX D
Credit Card On File With Hospital: _____

EMERGENCIES

1) **Nearest After Hours Hospital:** _____
Address: _____
Phone #: (_____) _____ ☐ **OK TO TREAT**

Disclaimer: *In the event of an emergency, Coastal Pet Sitters will give preference to your primary veterinary hospitals for medical care. However, we reserve the right to utilize the services of any available veterinary clinic or emergency animal hospital or clinic in expediting medical attention. Client is fully responsible for any and all vet costs incurred. Pet sitter will also be fully reimbursed for any out-of-pocket expenses for veterinary care provided upon owner's return.*

Owner's Signature: _____

Coastal Pet Sitters Doggy Day Care

Pet Personality Profile

Client's Name:

Dog's Name:

Date you acquired dog:

At what age was your dog spayed/neutered?

Are there other animals in your household? If so, please list type, sex and age of each if possible:

Does your dog visit dog parks? If so, how frequently?

Has your dog ever been boarded? If so, where?

Was your dog kenneled or crated?

Health/Grooming

Does your dog have any allergies?

Does your dog have hip dysplasia or other physical concerns?

If yes, what restrictions need to be placed on your dog's activities or movements?

Does your dog like to be brushed?

Where are your dog's favorite petting spots?

List any health issues we need to be concerned with:

Behavior

Does your dog have any sensitive areas on his/her body?

How does your dog react to strangers coming into your yard/house?

Is there any type of person your dog automatically fears or dislikes?

How does your dog react to unfamiliar dogs?

On walks:

In the car:

At home:

Has your dog ever growled at someone? If yes, what were the circumstances?

Has your dog ever bitten someone? If yes, what were the circumstances?

Does your dog have any problems with the following areas: (If so, please explain)

Barking:

Jumping over fences:

Digging:

Loud sounds:

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away?

Has your dog ever shared his/her food or toys with other animals?

Does your dog play with any toys? If yes, what kind of toys does your dog like and what games does he/she play?

Does your dog play with other dogs?

Has your dog growled or snapped at another dog when playing with a toy?

Has your dog ever fought with another dog? If so, what were the circumstances?

Has your dog ever had any formal obedience training?

What commands does your dog know?

Does your dog like to play in water?

Is your dog able to run? If yes, what length of time? Do we have your permission to walk/run your dog on a treadmill?

Pet Liability Release / Group Play/ Shared Boarding

PLEASE READ CAREFULLY: I, (please print) _____,
have asked that my dog(s) _____, be allowed to
interact (play) with other dogs during his/her boarding stay or group play session. I
understand that Coastal Pet Sitters cannot guarantee that no harm will come to my
dog(s) during these sessions and I will not hold Coastal Pet Sitters financially
responsible for any injury or illness my dog(s) may sustain from these sessions. I
am aware of the following and understand the conditions and possible liabilities of
group interaction.

- Group play is a very active, outdoor, multiple dog session which can last up to 9 hours
- Dogs play with their mouths and paws which may cause a nip or tear to and not limited to noses and ears
- Dogs may jump , twist, slide, fall or run into objects such as and not limited to fences dogs
- Dog owners must assure that their dogs are healthy and have not been exposed to any communicable diseases: however the in and out nature of group play can make this issue uncontrollable
- Group play dogs should be free of fleas and ticks and owners agree to maintain their dogs on a systemic flea/tick control product while enrolled in group play and/or boarding
- All group play dogs as well as boarded dogs must be current with all vaccinations and keep Coastal Pet Sitters updated with current record
- Dogs are pre-evaluated for group play; however Coastal Pet Sitters cannot be responsible for changes in temperament or behavior
- Pet owners are responsible for informing Coastal Pet Sitters if they notice changes in their dog's behavior while enrolled in group play
- Group play owners may be held personally liable for all damages, medical or otherwise, if their pet causes bodily injury to another dog during a session

Signed: _____ Date: _____

INFORMATION FOR YOUR UPCOMING TRIP

CLIENT NAME: _____

PET NAMES: _____

OWNER DROP OFF: DATE: _____ TIME: _____ AM/PM

OWNER PICK UP: DATE: _____ TIME: _____ AM/PM

EMERGENCY CONTACT : NAME _____

PHONE _____ RELATIONSHIP _____

Notes: _____

CLIENT SIGNATURE: _____ **DATE:** _____