

CLIENT INFORMATION FORM	
Name:	Phone Number:
Address:	Phone Number 2:
City:	Email Address:
State:	
Zip:	

PET INFORMATION FORM	
PET ONE	
Name:	Male <input type="radio"/> Female <input type="radio"/> Spayed/Neutered Yes <input type="radio"/> No <input type="radio"/>
Birthdate:	Type of Pet: Breed:
Color/Markings/Weight:	
Is your Pet Microchipped? Yes <input type="radio"/> No <input type="radio"/>	Is your pet on Heartworm Preventative? Yes <input type="radio"/> No <input type="radio"/>
Vaccinations (please include copy of current vaccination record), Yes <input type="radio"/> No <input type="radio"/> *If no, please explain.	
Does your pet have separation anxiety? Yes <input type="radio"/> No <input type="radio"/> If yes, what helps calm them down?	
Known Medical Conditions/Allergies:	
What behaviors should the pet sitter be aware of in order to be safe at all times? (example: will growl if you touch his feet)	
Medications (name, amount, dosing instructions):	
Feeding Instructions (brand of food, amount, times per day):	
Is your pet potty trained? Yes <input type="radio"/> No <input type="radio"/>	Does your pet mark indoors? Yes <input type="radio"/> No <input type="radio"/>
Is your pet crate trained? Yes <input type="radio"/> No <input type="radio"/>	Does your dog pull on a leash? Yes <input type="radio"/> No <input type="radio"/>
Does your pet chew? Yes <input type="radio"/> No <input type="radio"/>	Is your pet protective of food or toys? Y <input type="radio"/> N <input type="radio"/>
Command used to go potty:	Does your pet come when called? Yes <input type="radio"/> No <input type="radio"/>
Where does your pet sleep at night?	Does your pet know their name? Yes <input type="radio"/> No <input type="radio"/>
Has your pet ever shown any signs of aggressions towards other animals? Yes <input type="radio"/> No <input type="radio"/> If yes, please explain.	
Has your pet ever shown any aggression towards humans? Yes <input type="radio"/> No <input type="radio"/> If yes, please explain.	
Location of food, toys, treats, medications, cleaning supplies:	
Location of Leashes, Collars, Crates:	

If you have additional pets, please fill out another pet form for each additional pet.

PET INFORMATION FORM		
Additional Pet		
Name:	Male <input type="radio"/> Female <input type="radio"/>	Spayed/Neutered Yes <input type="radio"/> No <input type="radio"/>
Birthdate:	Type of Pet:	Breed:
Color/Markings/Weight:		
Is your Pet Microchipped? Yes <input type="radio"/> No <input type="radio"/>	Is your pet on Heartworm Preventative? Yes <input type="radio"/> No <input type="radio"/>	
Vaccinations (please include copy of current vaccination record), Yes <input type="radio"/> No <input type="radio"/> *If no, please explain.		
Does your pet have separation anxiety? Yes <input type="radio"/> No <input type="radio"/> If yes, what helps calm them down?		
Known Medical Conditions/Allergies:		
What behaviors should the pet sitter be aware of in order to be safe at all times? (example: will growl if you touch his feet)		
Medications (name, amount, dosing instructions):		
Feeding Instructions (brand of food, amount, times per day):		
Is your pet potty trained? Yes <input type="radio"/> No <input type="radio"/>	Does your pet mark indoors? Yes <input type="radio"/> No <input type="radio"/>	
Is your pet crate trained? Yes <input type="radio"/> No <input type="radio"/>	Does your dog pull on a leash? Yes <input type="radio"/> No <input type="radio"/>	
Does your pet chew? Yes <input type="radio"/> No <input type="radio"/>	Is your pet protective of food or toys? Y <input type="radio"/> N <input type="radio"/>	
Command used to go potty:	Does your pet come when called? Yes <input type="radio"/> No <input type="radio"/>	
Where does your pet sleep at night?	Does your pet know their name? Yes <input type="radio"/> No <input type="radio"/>	
Has your pet ever shown any signs of aggressions towards other animals? Yes <input type="radio"/> No <input type="radio"/> If yes, please explain.		
Has your pet ever shown any aggression towards humans? Yes <input type="radio"/> No <input type="radio"/> If yes, please explain.		
Location of food, toys, treats, medications, cleaning supplies:		
Location of Leashes, Collars, Crates:		

EMERGENCY CONTACT INFORMATION	
Name:	Phone Number:
Address:	Relationship:
Name:	Phone Number:
Address:	Relationship:

EMERGENCY MEDICAL INFORMATION	
Veterinarian:	Phone Number:
Address:	
List of any medical conditions, physical conditions, allergies:	
<p>Emergency Medical Care</p> <p>If, in my judgment, your pet requires immediate medical care and I am unable to reach you or any of your emergency contacts, I will make every effort to take your pet to your preferred veterinarian listed above. In the case that your preferred veterinarian is not available I will take your pet to an available veterinarian.</p> <p style="text-align: center;">*YOU MUST INITIAL AND CHECK 'Yes' FOR THIS FORM TO BE VALID*</p> <p><input type="radio"/> Yes Initial _____ By initialing here, you agree to be solely responsible for the payment of all medical bills for your pet, and you release The Wandering Woof, of and from any and all responsibility for claims, damages, and/or debts arising out of or related to such medical care including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital. If owner and the emergency contact person(s) cannot be reached to approve medically assessed fees, please indicate if there's a limit/no limit on medical expenses.</p> <p><input type="radio"/> Yes Limit \$_____ Initial _____ <input type="radio"/> No Limit Initial _____</p> <p>I understand that The Wandering Woof assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment and expenses.</p> <p>_____</p> <p>Signature Date</p>	

CLIENT KEY CONTRACT

The Wandering Woof requires all clients to complete a key handling contract. The client is to provide two copies of their house key at the initial meet and greet. The client must also provide any security code and device location if applicable. All keys and security information will be stored securely in a locked cabinet when not in use.

Number of keys provided?

What doors do they open?

Security System? Yes No

Where is the security system located?

Security Code:

Special Instructions for entering your home:

I, (client name) _____, agree to the following:

1. The Wandering Woof will not make copies of my keys.
2. At the end of scheduled services, my key will be automatically retained by The Wandering Woof.
3. If I wish to have my keys returned, I must schedule a key return appointment. Keys will only be returned to the client listed in this contract unless otherwise specified by the client.
4. Keys will not be left in the house at the end of the service period.

Printed name_____
Date_____
Signature

CLIENT SERVICE CONTRACT

1. The Wandering Woof agrees to provide pet sitting, dog walking and other applicable pet care services in a reliable, caring and trustworthy manner. In consideration of the services and as an express condition thereof, the client expressly waives and releases The Wandering Woof from any and all claims against the company, its owners, employees and representatives, except those arising from negligence or willful misconduct on the part of The Wandering Woof.
2. This document gives The Wandering Woof and its representatives authorization to enter the Client's listed address as needed to perform agreed upon services.
3. Client is responsible for supplying the necessary equipment and supplies needed for the care of their pet(s) including, but not limited to, a sturdy, well-fitted harness or collar and leash for walks or in case of emergencies, pet food, medications, identification tags, crates, litter boxes, cat litter and cleaning supplies. Client authorizes any purchase of necessary items for the satisfactory performance of duties. Costs of all purchases and related service fees will be reimbursed to Pet Sitting Company with 14 days.
4. Client agrees to notify The Wandering Woof of any concerns within 24 hours of completion of services.
5. Client agrees to pay all charges accrued for services rendered. Client understands that payment is due at or prior to the time of the commencement of services unless explicitly agreed upon supplementary payment terms.
6. Client will incur a \$25 charge for each returned check in addition to any and all bank fees attributed to the returned check.
7. The Wandering Woof shall exercise all precautions against sickness, injury, escape, loss, accidents or death of Client's pet(s). The Wandering Woof is not responsible for sickness, injury, escape, loss, accidents, or death of Client's pet(s) unless caused through negligence or willful misconduct on the part of The Wandering Woof.
8. Client represents and warrants that pet(s) are currently vaccinated in accordance with all local, state and federal laws and regulations.
9. The Wandering Woof will follow the directions of the Veterinary Release Form in the case a pet should become injured or sick.
10. Client accepts responsibility for all medical expenses and other damages resulting from an injury to the Pet Sitter, other persons or other animal(s) caused by the Client's pet(s) or negligent act.
11. Client agrees to indemnify, hold harmless and defend The Wandering Woof in the event of a claim by any person injured or otherwise damaged by Client's pet(s) or negligent act.
12. Client agrees to properly secure the home prior to leaving the premises. Pet Sitting Company will re-secure the home to the best of its ability at the end of each visit.
13. Client expressly gives The Wandering Woof the authority to employ a locksmith on their behalf and to promptly reimburse The Wandering Woof for all costs incurred in the event of a malfunction of the lock, keys or automatic door opener.
14. The Wandering Woof is not liable for any loss or damage in the event of a burglary or other crime that should occur while under this contract.
15. The Wandering Woof is not responsible for any damages beyond the control of the Pet Sitter
16. The Wandering Woof reserves the right to charge a cancellation fee of 100% of the scheduled visits for services cancelled with less than 24 hours' notice prior to the scheduled pet sitting service or less than 1 hour prior to scheduled dog walking service.
17. The Wandering Woof reserves the right to terminate this contract at any time if the Pet Sitter, in his/her sole discretion, determines that the Client's pet(s) poses a danger to the health or

safety of itself, other pets, other people or the Pet Sitter. If concerns prohibit the Pet Sitter from caring for the pet, The Wandering Woof will attempt to contact the Client to arrange alternative care. If the Client cannot be contacted, the Client authorizes The Wandering Woof to place the pet in a licensed kennel with all charges and fees arising to be the responsibility of the Client

18. In the case of an emergency, inclement weather or a natural disaster, the Client authorizes The Wandering Woof to use reasonable judgment for the care and well-being of Client's pet(s) and residence. The Wandering Woof will make reasonable efforts to maintain service during these conditions but reserves the right to adjust the schedule of service based on the sole discretion of the Pet Sitter.
19. The Wandering Woof reserves the right to refuse service to any client, at any time, for any reason.
20. Client authorizes the use of pet(s) pictures on website, social media and/or marketing materials for promotional purposes.
21. Client authorizes this contract to be valid approval for services so as to permit The Wandering Woof to accept all future in person, telephone, online, mail or email reservations and provide services without additional signed contracts or written authorizations.
22. The Term of this document apply to all pets owned by the client, including any and all new pets that the customer obtains on or after the date this document was signed.

Printed Name

Signature

Date