

Nancy Smith, Duvall Dog Care – Client Information Sheet

DOG

Name _____

DOB/Age _____

Breed _____

Spayed/Neutered? _____

Weight _____

Gender _____

OWNER(S)

Name _____

Email _____

Cell Phone _____

EMERGENCY CONTACT

Name _____

Cell Phone _____

Relationship _____

VETERINARIAN

Name _____

Address _____

Phone _____

HISTORY

How long have you had your dog?

Where did you get your dog? (breeder, shelter/rescue)

Has your dog ever been injured or attacked by another dog or animal?

Has your dog ever expressed fear of any type of animal, breed of dog, or person?

Has your dog ever been aggressive (including barking) toward of any type of animal, breed of dog, or person?

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HEALTH

Vaccines current? _____ Flea/Tick repellent? _____

Food allergies? _____

Deaf/Blind/Lame? _____

FEEDING

Brand of food, how much, how often? _____

Medications or Supplements? _____

Food allergies? _____

BEHAVIOR

Sleeping location? _____

When home alone, where do they stay? _____

Daycare or boarding previously? _____

Reactive to dogs, animals, or people? _____

Comes when called or when offered treats? _____

Prefers toys, dogs, or people for play? _____

ADDITIONAL NOTES

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CLIENT AGREEMENT

Dog(s) _____

I (Owner) represent that I am the legal owner of the above-named dog(s) and I assume all risks, dangers, and responsibility for injuries to the named dog(s) and that I am 18 years or older.

I agree that my dog(s) is/are in good health and that I will not bring my dog(s) for care while they are ill. I certify that my dog's required vaccinations are up to date. I agree to continue to ensure that required vaccinations are kept up to date. I agree to provide proof of all booster vaccinations.

I agree that my dog(s) have not harmed or shown aggressive behavior toward any person(s) or other animal(s) prior to this date.

I agree to allow Nancy K Smith to obtain medical treatment for my dog(s) if they appear ill, injured, or exhibit behavior that would suggest that dog(s) may need medical treatment. I agree to be fully responsible for the cost of any such medical treatment and for the cost of any transportation for the purposes of such treatment. I give permission Nancy K Smith to use my dog's vet or a veterinarian or vet hospital of Nancy K Smith's choosing for required treatment.

I understand and agree that during dog playtime indoors or outdoors, my dog may sustain injuries. Dog playtime is monitored to best avoid injury, but scratches, punctures, torn ligaments, and other injuries may occur despite the best supervision. I further understand and agree that Nancy K Smith will not be liable for any illness, injury, death, and/or escape of my dog(s) provided that reasonable care and precautions are followed, and I hereby release Nancy K Smith of any liability of any kind whatsoever arising from or as a result of my dog(s) attending daycare or boarding at our home.

I certify that I have read and understand this agreement. I accept all the terms, conditions, and statements of this agreement and confirm the truthfulness of the contents of the application form completed by me.

Print Name

Client Signature

Date