



CLIENT DATA FORM AND SERVICE AGREEMENT

(last update: 8-08)

CLIENT'S NAME: _____

STREET ADDRESS: _____ **ZIP CODE:** _____

PET'S NAME: _____ **MALE/FEMALE BREED:** _____

DATE OF BIRTH OR AGE: MONTH _____ **YEAR** _____ **AGE:** _____

IS YOUR PET SPAYED/NEUTERED? YES OR NO _____ **CURRENT RABIES VACCINE:** _____

PHONE NUMBERS HOME: _____ **WORK:** _____

CELL: _____ **OTHER:** _____

E-MAIL ADDRESS: _____

VETERINARIAN'S NAME AND PHONE: *PLEASE INCLUDE ADDRESS OR NAME OF THE PRACTICE

MEDICAL PROBLEMS: _____

ROUTINE MEDICATIONS/SUPPLEMENTS: _____

FEEDING SCHEDULE: NUMBER OF FEEDINGS/DAY: _____ **FEEDING TIMES:** _____

DRY FOOD QUANTITY: _____ **CANNED FOOD QUANTITY:** _____

SPECIAL INSTRUCTIONS: _____

FOOD/TREATS ARE LOCATED: _____

ELIMINATION SCHEDULE/LOCATION: _____

DOES YOUR PET ROAM THE ENTIRE HOME? YES OR NO _____ **IF NO, IS YOUR PET CRATED?** _____
RESTRICTED TO CERTAIN AREAS OF THE HOME? _____

CANINES: **IS YOUR DOG SOCIAL WITH OTHER DOGS? YES OR NO** _____
DOES HE/SHE FREQUENT THE CANTON DOG PARK? YES OR NO _____

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR PET(S)?

PLEASE PROVIDE US WITH 2 SETS OF KEYS AT THE INITIAL MEETING. KEYS ARE CODED AND KEPT IN A SECURE LOCATION. FOR CONDO/APT DWELLERS, WE REQUIRE DIRECT ACCESS TO MAIN ENTRANCE USING AN ACCESS CODE OR FOB. OTHERWISE WE CANNOT ENSURE PROMPT SERVICE FOR YOUR PET.

KEY FITS: FRONT DOOR, TOP LOCK, BOTTOM LOCK OR BOTH _____

ALARM CODE AND INSTRUCTIONS: _____

PAYMENT DUE AT TIME OF SERVICE UNLESS OTHERWISE ARRANGED. CHECKS PAYABLE TO DOGHOUSE GIRLS, INC. NO REFUNDS. Visits canceled at least 24 hours in advance may be rescheduled for mutually determined future visits. Clients will be charged for visits canceled with less than 24 hours notice or if the Doghouse Girls arrive for a scheduled visit and the pet is not home.

In case of emergency, I authorize *Doghouse Girls* to take my pet to the nearest pet emergency center such as Eastern Animal Hospital or after hours to the Pet ER. I understand that Doghouse Girls will attempt to contact me; if they cannot reach me, they will use their best judgment to provide the necessary treatment authorization for the well being of my pet. I understand that all costs in connection with the emergency, including transportation, veterinary, medical, and otherwise, shall be my responsibility. Initial here: _____

I realize that all client pets are domesticated, socialized, and under constant supervision. However, an injury to my pet might occur; or my pet may cause injury to another animal; or my pet may cause injury to a person. In such cases, I relieve the Doghouse Girls and their employees of all liability. Furthermore, I agree to pay veterinary and/or medical expenses incurred as a result of injuries incurred by my pet(s) or injuries caused by my pet(s). If another party is taking care of my pet(s) at the same time I am using the service of the Doghouse Girls, I understand that neither the Doghouse Girls nor their bonding and liability insurance policy will accept responsibility for theft, accidents, damages, etc. to my home. I also relieve Doghouse Girls and their employees of all liability if my alarm system malfunctions or is inadvertently set off while they are taking care of my pet. Initial here: _____

CANINE CLIENTS ONLY: If my dog participates in off leash play with other dogs, such as at the Canton Dog Park or other secured area, I understand that an interactive play setting is not without some risk of injury. I recognize that the benefits of interactive play are valuable to my dog, and I accept the potential risks. Furthermore, I release and agree to hold harmless the Doghouse Girls from any injury or accident that may occur. Initial here: _____

To the best of my knowledge, all of the information I have provided is accurate. I agree to provide updates as necessary. On behalf of myself and any and all other owners of my pet(s), I have read and agree to the terms of this agreement, including the service and fee policies outlined in the attached document entitled *Doghouse Girls, Inc. Fees and Policies*. I certify that I have the authority to represent any and all other owners of my pet(s) in signing this contract.

CLIENT'S SIGNATURE: _____

DATE: _____