



Pet Sitting and Playtime Form

Dog/Dogs name _____ Vet. Hospital / Contact Name _____ Phone _____

VACCINATIONS: Guardian/Owner is required to provide veterinary proof of current and updated Rabies, Distemper, and Bordatella.

Does your dog need Medications while staying with us? : ___ NO ___ YES (Please list all medications)

*Medication _____ ___ Morning ___ Afternoon Quantity: _____

*Medication _____ ___ Morning ___ Afternoon Quantity: _____

Feeding instructions: _____

What is your normal routine or any special care instructions: _____

Dog Behavior:

Is there any PERSON, type of DOG, or SITUATION your dog seems uncomfortable with? ___Yes ___ No

Please describe _____

Has your dog ever growled at or bit another PERSON or DOG? ___YES ___ NO

If yes, what were the circumstances? _____

Has your dog ever socialized with a large group of dogs? (8 or more) ___YES ___No

Please describe _____

Are there any restrictions that should be placed on your dog's activities? ___ YES ___NO

If yes, what activities? _____

Does your dog have any allergies or any other conditions?

I, acknowledge and agree that all the information provided in this consent form is complete and accurate to the best of my knowledge. I further acknowledge and agree I have read, understand and agree to all the terms and conditions contained in the policies procedures and release waiver of liability.

Sign _____ Date: _____