



Amy Theusch
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HOME OWNER INFORMATION:

Primary Owner

Name _____

Address _____

City _____ ZIP _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Which phone number is best to contact you? Home/Work/Cell

Secondary Owner

*****Authorized to schedule service & make decisions regarding the care of your pet*****

Name _____

Address _____

City _____ ZIP _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Which phone number is best to contact you? Home/Work/Cell

Emergency Contacts

*****In the event that the Primary or Secondary contacts are unreachable*****

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Which phone number is best to contact you? Home/Work/Cell

Do they have a key? Yes/No

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Which phone number is best to contact you? Home/Work/Cell

Do they have a key? Yes/No

In case of inclement weather, how would you like to be contacted? Email/Phone/Text

PROPERTY INFORMATION:

Do you own or rent your home? Own/ Rent If renting, please provide your landlord's name and phone number in case of an emergency:

Do you have homeowner/liability insurance that would cover your home in the event of an emergency or injuries caused by bites, mauls, etc? Yes/No

Will anyone else have access to your property during your absence (housekeeper, etc.)? Yes /No
If yes, please name the individual(s) and specify if they have a key:

Will there be a vehicle(s) left at your home? Yes/No

If Yes, Make & Model: _____

How will I enter your home? Garage/Front Door/Side Door/Other

Do you have a security system? Yes/No

If yes, please complete the following:

Security Service Name: _____ Phone Number: _____

Entry Code: _____ Exit Code: _____ Password _____

Location of security panel: _____

Additional security system instruction: _____

Garage Codes:

Entry Code: _____ Exit Code: _____

Keys:

Have you tested the key copies to be sure they work in the locks? Yes/ No

Please select one of the following options:

_____ Scoot Your Pooch will keep the keys for future visits.

(Keys are labeled with your pets name only)

_____ Scoot Your Pooch will return the keys to the client.

(I will gladly pick up keys for future service, but there is a \$5.00 service fee.)

Locations of Important Items:

Trash: Inside _____ Outside _____

Cleaning Supplies and Extra Paper Towels _____

Broom/Dust Pan _____ Dog Food _____

Dog Food/Water Dishes _____ Treats _____

Leashes _____ Crate _____

Favorite Toys _____

DOG INFORMATION (Please complete a page for each dog)

Pet Information:

Pet's Name: _____

Breed: _____ Age: _____ Sex: _____ Weight _____

Spayed/Neutered: Yes/No Flea treatment: _____ Date of last dose: _____

Current on Vaccines? (Bordatella/Distemper/Rabies) Yes/No Date of Vaccines: _____

Is your dog trained to walk on a leash? Yes/No

Is your dog house broken? Yes/No

Any known medical conditions? (Allergies, seizures, cancer, etc)? _____

Medication Instructions (please include name, amount, time of day) _____

Feeding Instructions:

Dry: _____ Measure with: _____ Amount _____

Wet: _____ Measure with: _____ Amount _____

Time(s) Fed: _____

Treats _____ Directions _____

Does your dog ever display aggression toward people? Yes/No, If Yes, what are the circumstances? _____

Has your dog ever bitten a person? Yes/No, If Yes, what were the circumstances? _____

Does your dog ever display aggression towards other dogs? Yes/No, If Yes, what are the circumstances? _____

Has your dog ever bitten another dog in an aggressive manner? Yes/No If yes, what were the circumstances? _____

Does your dog have full run of the house? Yes/No If no, please describe where dog will be located when entering/exiting _____

Has your dog ever been walked in a group of dogs? Yes/No

If all get along, do you have any objections to your dog being walked in a group setting of no more than 4? Yes/No

Is there anything else you'd like to tell me about your dog(s) that I haven't asked that is important I know? _____

Veterinarian Information:

Name: _____

Address: _____ City _____ Zip _____

Phone: _____

Office Hours _____

Do they offer emergency service should there be an emergency? Yes/No

If yes, is the phone number different than the above? Yes/No _____

I, _____ (please print) acknowledge that I've read and understood the contents of the policy section and have been given the opportunity to discuss anything I do not understand. I also agree that in in the event of an emergency, if my veterinarian is unavailable, I give Amy Theusch permission to take my dog (s) to the closest emergency clinic for medical attention.

Signature: _____ Date: _____