Primary Owner Name _____
Address _____
City_____ ZIP _____
Home Phone _____Work _____ Cell_____
Email Address _____
Best phone number to contact you? Home/Work/Cell

Secondary Owner Name _____
Home Phone _____Work _____ Cell_____
Best phone number to contact you? Home/Work/Cell

*****In the event Primary contacts are unreachable*****
Name _____ Relationship_____
Home Phone _____ Work _____ Cell _____
Which phone number is best to contact? Home/Work/Cell
Do they have a key or other form of access to your home? Yes/No

How will I enter your home? Garage/Front Door/Side Door/Other
Do you have a security system? Yes/No
If I need to disarm security, 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: Please select one of the following:
_____Scoot Your Pooch will retain 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.)

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

Locations of:
Cleaning Supplies / Extra Paper Towels _____
Dog Food _____
Treats _____
Leashes _____
Crate _____
Favorite Toys _____

DOG INFORMATION (Please complete a page for each dog)

Name: _____Breed: _____Age: ____ Sex:____ Spayed/Neutered: Yes/No
Flea treatment: _____Date of last dose: _____
Current on Vaccines? (Bordatella/Distemper/Rabies) Yes/No Date of Vaccines: _____
Medical conditions? (Allergies, seizures, cancer, etc)? _____
Medication Instructions (please include name, amount, time of day) _____
_____

Veterinarian Information:
Name:_____Address:_____
City_____Zip _____ Phone:_____
Office Hours _____
Do they offer emergency service should there be an emergency? Yes/No

Feeding Instructions:
Dry: _____ Measure with: _____ Amount _____
Wet: _____ Measure with: _____ Amount _____
Time(s) Fed: _____
Treats _____Further 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? Y/N 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? _____

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? Yes/No
Do you belong to a dog park? Yes/No If yes, which one?_____Code_____
Do you have any objections to me taking your dog to the dog park? Yes/No

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

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 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:_____