



Date: _____

Pet Information Sheet

Client's Name _____ Pet's Name _____

Street Address _____ Apt: _____ Postal Code _____

Home Phone _____ Cell/Pager _____

Email _____ Away Contact Number _____

Emergency Contact _____ Phone _____

Date and time of departure: _____ at _____ am/pm.

Date and time of return: _____ at _____ am/pm.

Brief description of pet: (type, age, sex, personality, etc.)

Does your pet:

Need medication administered?	Yes	No	Like to be picked up?	Yes	No
Have up-to-date vaccinations?	Yes	No	Bite or scratch?	Yes	No
Attempt to escape through doors or windows?	Yes	No			

Veterinarian Information:

Vet's Name _____

Clinic Name _____ Phone _____

Other Services:

Do your plants need watering?	Yes	No
Mail/Paper brought in?	Yes	No

Other Notes

Signing below acknowledges that Wag 'N' Walk personnel may enter your home for the purpose of picking up/returning your pet. Wag 'N' Walk shall assume no liability for any illness or injury caused to your pet or to other persons, pets or property. If your pet becomes injured or ill, Wag 'N' Walk is hereby authorized to take your pet to the nearest animal care facility and the owner of the pet shall pay such expense.

Client Signature _____

Date _____

*Please ensure that you call us upon your return so that we know that your pet is cared for.