

# CHECK ON THE DOG

## Service Contract

### Client Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### CONTACT NUMBERS:

Home: \_\_\_\_\_

Pet's Mom: WK: \_\_\_\_\_ Cell: \_\_\_\_\_

Pet's Dad: WK \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

### PET INFORMATION:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Male/Female \_\_\_\_\_ Fixed: Y/N

Any "***Don't Touch***" areas on your pet Y/N Feet Ears Tail Other

Has your pet ever bitten before Y/N Human/ Another dog

Allowed to have treats from COTD Y/N

What is your pet's favorite toy: \_\_\_\_\_ Toy Aggressive: Y/N

Does your pet usually void right away when let out: Y/N

Any problems with your pet jumping the fence: Y/N

Does your pet suffer from separation anxiety: Y/N

VETERINARY INFO:

Veterinary Clinic or Hospt:\_\_\_\_\_

Address:\_\_\_\_\_

Daytime Phone:\_\_\_\_\_Vet's Name:\_\_\_\_\_

Last Rabies Vacc.:\_\_\_\_\_

HOME INFORMATION:

Is there a home security system: Y/N Is there a code necessary: Y/N

What primary door should be used for visits:\_\_\_\_\_

Would you like to have lights turned off at time of visit: Y/N

Pet Owner will be responsible for securing the potty area prior to scheduled visit.  
This includes **gates, fences**, etc.

Driveway and sidewalk will be made accessible prior to visit.

IN CASE OF EMERGENCY:

Which pet owner is to be contacted first:\_\_\_\_\_

Location of following items:

Main circuit breaker:\_\_\_\_\_

Main water shut off:\_\_\_\_\_

Main gas shut off:\_\_\_\_\_

PET RELIEF SCHEDULE

My pet will need Check On The Dog on the following days and times:

<u>DAY</u>	<u>TIME</u>	<u>FEE</u>
Monday	_____	\$_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

**Pet walks** must be worked into set schedule (weather permitting) and are not part of the original fee for the visit. Owners are responsible for their pets collars and leashes that they are in good pet condition prior to walks.

**PAYMENT:**

Billing from Check On The Dog will be done by invoice on a bi-weekly basis. Payment can be made by cash, check and soon charges. All returned checks will result in a \$50.00 service fee and a cash only contract from that point on.

**CANCELLATIONS:**

If a scheduled day must be cancelled, you can call to do this the evening prior to that scheduled day or by 6:00 a.m. If no call is made and I arrive at your home, you will be charged for that visit.

*CONTRACT AGREEMENT*

By signing your name below, you are acknowledging that you have read, understand and agree to all parts of this contract. You have also given a working key to your home to “Check On The Dog” with consent to enter your property to provide a pet service as listed in this contract.

Print name: \_\_\_\_\_

\_\_\_\_\_

Sign name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_