

# Whiskers & Wags Pet Services Donia Roorda

(403) 831-1915  
doniaroorda@gmail.com

## Information Sheet

How did you hear about us? \_\_\_\_\_

### Contact Information

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

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Emergency Contact Information- Someone that knows how to reach you in an emergency

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Pet Information (For additional information please use the back of this page)

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Breed: \_\_\_\_\_

Spayed / Neutered / Intact (please circle one) Please note extra fee's may apply for intact dogs

Type of food: \_\_\_\_\_ Feeding Amount: \_\_\_\_\_



Special Needs or Medications: \_\_\_\_\_

Favorite Activity: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

Is your dog allowed on furniture? Yes No

Is your dog allowed to sleep on the bed? Yes No

Has your dog ever been crated? Yes No Comments: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Diet:** \_\_\_\_\_ **Feeding Amount:** \_\_\_\_\_

Spayed / Neutered / Intact (please circle one) Please note extra fee's may apply for intact dogs

Special Needs or Medications: \_\_\_\_\_

Favorite Activity: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

Is your dog allowed on furniture? Yes No

Is your dog allowed to sleep on the bed? Yes No

Has your dog ever been crated? Yes No Comments: \_\_\_\_\_

**Veterinarian Information**

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

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

In the event of an emergency if routine veterinarian is not available, I authorize WWPS to seek another veterinarian. \_\_\_\_\_

Client Initials

In the event of an emergency I authorize WWPS to authorize necessary care for my animals in my absence. I authorize you to treat my pets and I will be responsible for payment of their treatment upon my return \_\_\_\_\_

## Clients Initials

### Service Agreement

1. Client will not hold WWPS accountable for any damage to clients property, property of others, or bodily harm to others than has been caused by clients pet.
2. Client certifies that his or her pet(s) are up to date on recommended vaccinations and have been seen by a veterinarian. The client has made WWPS aware of any disease or illness the pet(s) may have.
3. Client agrees that WWPS will not be liable for the injury, disappearance, death or fines of any pet(s) that are left with unsupervised access to the outdoors.
4. Client agrees that any behavioral issues the pet(s) may have, have been communicated with WWPS.
5. Client agrees to compensate for any liability or damages suffered by WWPS by vicious or violent behavior by the pet(s) cared for, whether or not this behavior has been previously displayed.
6. Client agrees to have sufficient food, water, medication, or other necessary supplies readily available to WWPS prior to departure. Client agrees to reimburse WWPS for any supplies needing to be restocked for satisfactory completion of duties.
7. Client agrees to pay \$35.00 fee for any returned cheques.
8. In the event of personal emergency, injury, or illness, the client authorizes WWPS to arrange for another qualified individual to fulfill the responsibilities set forth.
8. WWPS is to perform services discussed in a timely, professional, and caring manner.
9. Client releases WWPS from any liability arising out of the services provided, except for direct injuries to the pet(s) or to the tangible property resulting from gross negligence or intentional misconduct.

The Signatures below indicate agreement to the above terms

Client Signature \_\_\_\_\_

Client Printed Name \_\_\_\_\_

Date \_\_\_\_\_

WWPS Signature \_\_\_\_\_