

Julspops Dog Walking & Pet/House Sitting Services

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Pet & Veterinary Information Form Dog Walking & Dog Sitting

Pet 1

Pet Name: _____ Is your pet licensed Y/N, Female / Male, Spayed / Neutered, Microchipped, if yes, provide # _____

- Vaccinated for Rabies, Y/N
Please provide copy of current certificate. **Initial:** ____
- Vaccinated for DHPP (distemper, adenovirus [hepatitis], parainfluenza, and parvovirus), Y/N
Please provide copy of current certificate. **Initial:** ____
- Vaccinated for Bordetella (Kennel Cough), Y/N
Please provide copy of current certificate. **Initial:** ____

Additional vaccines Lepto Y/N, Lyme Y/N, Other: _____

PLEASE NOTE: Copies of current vaccinations must be provided for service to be implemented this is for the safety of your pet, and anyone around that we may meet on our walks, whilst in my care.

If this form is being completed due to updated information and a copy has already been provided no further copy is necessary however; it has to be their current vaccine certificate on file.

Flea & Tick Prevention: Start Date: _____

We are seeing more and more ticks in our City pets should be protected.

Color: _____ Distinctive markings: _____ Breed: _____
Age: _____ Weight Appx _____ Does your pet have Pet Insurance Y/N, if yes, please provide details _____

How do you describe your pet's personality?

Friendly Easy-going Aloof Excitable Stubborn Meek Other _____

Behaviour toward strangers?

Excited Friendly Aloof Cautious Stressed Scared Defensive Aggressive Indifferent

Has the pet ever bitten, or acted aggressively toward a person or other animals/dogs? (hackles, growls, lunges, air snaps, contact, bites? Yes No

If yes, please explain: _____

Is the pet friendly toward children? Yes No

If no, please explain? _____

Excessive leash pulling? Chases squirrels, cats, roller blades, skateboards, bikes Yes No
 If yes, please explain _____
 Are you aware of any reason I should approach the pet with caution? Yes No
 If yes, please explain _____
 How does the pet react to your absence from home? _____
 Attempts to dart through an open door? Yes No _____
 Any behavioral concerns (resource guarding, storm/noise phobias, separation anxiety etc.;;)
 Yes No If yes, please explain _____
 Any limited or impaired sensory functions (deaf/blind) Yes No
 If yes, please explain _____

More than 1 pet a separate sheet will be provided.

PLEASE NOTE: Each pet has their own personalities and behaviours so it is important to complete all necessary forms for each pet that was provided to you.

Is your pet on any **MEDICATIONS?** Medical, Diabetic or Allergy related, if, yes please fill out the information below. Each medication **MUST** be listed separately along with the instructions. If more than two medications another form will be provided.

Pet 1

What is the pet's illness? _____
 What Medication is your pet on? Please list medication:
 Medication #1 _____
 When to Administer - A/M _____ P/M _____ BOTH _____ With/Without Food _____
 Amount to Administer _____ Oral or Injection _____
Pet Owner's Signature of Authorization: _____

What is the pet's illness? _____
 What Medication is your pet on? Please list medication:
 Medication #2 _____
 When to Administer - A/M _____ P/M _____ BOTH _____ With/Without Food _____
 Amount to Administer _____ Oral or Injection _____
Pet Owner's Signature of Authorization: _____

FEEDING INSTRUCTIONS:

Pet 1

Morning	Y/N	How Much:	_____	Dry and or Wet	_____
Lunchtime	Y/N	How Much:	_____	Dry and or Wet	_____
Supper	Y/N	How Much:	_____	Dry and or Wet	_____
Treats	Y/N	How Many:	_____	How Frequent:	_____

If more than 1 pet and all on the same feeding schedule and quantity just complete under pet 1 and note all the same for the additional pets.

PLEASE LIST THE LOCATION OF THE FOLLOWING:

Toys _____ Brushes _____
Coats/Booties _____ Leashes/Harness _____
Towels _____ Other? _____
Dry Food _____
Wet Food _____ Can Opener (if applicable) _____
Medications / Vitamins _____
Pet Waste Disposal _____
Pet Related Cleaning Supplies: _____

Is your yard fully fenced Yes No Does your pet use a pet door? Yes No
Is your pet crated? Yes No Location of crate: _____
Other: _____

Consent for Pet Sitter to Authorize Medical Treatment

I, _____ (PRINT NAME) the owner of the above-named pet(s), request that Julspops Dog Walking & Pet/House Sitting Services provide routine care for my pet(s) while I am away from home per my written instructions.

Should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I authorize Julspops Dog Walking & Pet/House Sitting Services the pet sitter to act as my agent in procuring veterinary care, with fees not to exceed the amount noted below, per pet. I understand that Julspops Dog Walking & Pet/House Sitting Services assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

Pet Name _____ Maximum Amount _____
Pet 1 _____ \$ _____ **Signed: _____**
Signature is required to authorize treatment.

Any Special Instructions:
Pet 1: _____

I agree to pay the fees for such professional veterinary services as soon as possible after I return and, in the absence of gross negligence, will not hold Julspops Dog Walking & Pet/House Sitting Services the pet sitter liable for injuries or illnesses suffered by my pet(s) or any fees for veterinary services incurred on their behalf.

I hereby authorize Julspops Dog Walking & Pet/House Sitting Services the pet sitter to seek veterinary services in order to provide essential medical or surgical services with my consent from:

Primary Veterinary Clinic:

Name _____ Address: _____
City: _____ Phone: _____

Preferred Urgent Care Veterinary Facility:

Name _____ Address: _____
City: _____ Phone: _____

I understand that Julspops Dog Walking & Pet/House Sitting Services reserves the right to utilize the services of any available veterinary clinic in the event of an emergency.

I do _____ I do not _____ (initial one) authorize intensive medical care efforts for my pet.

I have _____ I have not _____ (initial one) contacted my pet's local veterinarian and, therefore, he/she is aware _____ unaware _____ (initial one) that I will be absent and that Julspops Dog Walking & Pet/House Sitting Services the pet sitter may seek veterinary services in my absence.

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured, I give my consent _____ do not give my consent _____ (initial one) for euthanasia. If my pet should die or is euthanized, I request that the body be retained until I return _____ be individually cremated _____ be communally cremated _____ (initial one) and I agree to pay the fees for such services.

I certify that all of the above information is true and correct to the best of my knowledge, and that I will notify Julspops Dog Walking & Pet/House Sitting Services of any changes immediately.

_____/_____/_____ Dated in the City of London, Ontario

Pet Owner's Signature: _____ Pet Owners Name: _____

Pet Owner's Address: _____

Privacy Policy:

Julspops Dog Walking & Pet/House Sitting Services will not share any of your personal & confidential information that is provided at time of service with any third party. All information is held in a secured location. Bonded & Insured with PROfur.