



Depend-A-Paws

Reliability Unleashed

Client / Pet Profile

Please complete one form per pet

Date: _____

I. CLIENT INFORMATION

Owner's Name: _____

Home Address: _____

City, State, Zip: _____

Preferred Phone: _____ Alternate Phone: _____

Email: _____

Would you like us to text you pictures and updates about your pet(s) while in our care? Yes No

Cell Phone: _____ and/or _____

II. PET INFORMATION

Pet's Name: _____ Pet Type (Breed): _____

Birthdate/Age: _____ Weight: _____ Gender: M F Spayed/Neutered: Yes No

Color/Markings: _____ Micro-chipped: Yes No

III. MEDICAL INFORMATION

Veterinarian Name: _____ Veterinarian Phone: _____

Veterinarian Address: _____

Vaccination Record: Rabies: _____

DHLPP: _____

Bordatella: _____

Fecal Test: _____

Medications taken on a regular basis: _____

Does your pet have any allergies? _____

Is your pet prone to (choose all that apply):

- a. Ear Infections
- b. Eye Drainage
- c. Sensitive Pads
- d. Stress-Related Diarrhea
- e. Stress-Related Vomiting
- f. Separation Anxiety

Is your pet excessively fearful of thunderstorms? _____

Describe any medical conditions, injuries, surgeries, etc. in your pet's history: _____

IV. PET SOCIALIZATION / PREFERENCES

Has your pet received formal training? _____

What is your pet's favorite type of toy? _____

Does your pet have any specific fears or dislikes? _____

How do you comfort your pet if he/she get nervous? _____

Has your pet ever bitten or shown aggression to a person or another animal? Yes No

If "yes," please describe: _____

V. If your pet is a DOG, please complete Section V. Otherwise, skip to Section VI.

Is your dog possessive of:

Food	Yes	No
Toys	Yes	No
Rawhides	Yes	No
His/Her Bed	Yes	No
His/Her People	Yes	No

How often is your dog around other dogs? _____

Has your dog been to a dog park or daycare? _____

Which option(s) best describes your dog (choose all that apply):

- a. Never around other dogs
- b. Usually ignores other dogs
- c. Sometimes plays with other dogs
- d. Dislikes big dogs
- e. Loves to play with other dogs
- f. Can be aggressive with other dogs
- g. Does not like other dogs
- h. Dislikes small dogs

VI. COMMUNICATING WITH YOUR PET

What nickname(s) do you call your pet? _____

When I want my pet to go outside, I say: _____

When I want my pet to come inside, I say: _____

When I want my pet to “go potty”, I say: _____

When I praise my pet, I say: _____

When I want my pet to stop doing something, I say: _____

When my pet is upset or nervous, I say: _____

What other words does your pet know? _____

VII. DAILY SCHEDULE AND FEEDING

What time is your pet’s first trip outside in the morning? _____

What time is your pet’s last trip outside each night? _____

How often does your pet go outside? _____

Where does your pet sleep (i.e. in a crate, in your bed, in a pet bed, etc.)? _____

What brand of food does your pet eat? _____

How many times a day does your pet eat? _____

What amount does your pet eat at each feeding? _____

Do you leave your pet’s food down all day or pick it up after a certain amount of time? _____

Additional information, cues or commands we should know about your pet: _____

Can DAP care providers give your pet a treat during visit? Yes No

VIII. LOGISTICS

Does your home have a security system? Yes No

If "yes" to above, will it be armed when DAP caregiver arrives? Yes No

If "yes", where is the keypad located? _____ Code: _____

Where should DAP caregiver park? _____

Does DAP caregiver need a parking pass or permit? _____

How will DAP caregiver gain access to your home? (keys, code) _____

Which door should DAP caregiver use? _____

Location of pet when DAP caregiver arrives? _____

If roaming free, is there a place(s) in your home where pet may hide? _____

Do you have an invisible fence in your yard? _____

Where should DAP caregiver leave your pet at end of visit? _____

Location of litter box(es)? _____

Location of leash(es), harness(es), collar(s), etc? _____

Location of food, treats? _____

Location of medication, if needed? _____

Location of cleaning supplies? _____

Location of receptacle for pet waste? _____

Any other information which would be useful about your home? _____

IX. EMERGENCY MEDICAL CARE

In the event of a medical emergency involving my pet, please contact me at (phone): _____

If I am unreachable, please contact (name): _____ at (phone): _____

This person is authorized to make medical decisions regarding my pet in my absence.

If a medical situation does not allow time for contacting me or the alternate contact person, I authorize DAP personnel, at its sole discretion, to engage the services of a veterinarian or give other requisite attention to my pet. Any expenses arising from such an emergency shall be paid by me on the day the costs are incurred.

Owner's Signature: _____ Date: _____

Do you have Medical Insurance for your pet? Yes No

If "yes", please give insurance information:

Policy Holder: _____ Policy #: _____

Insurance Provider: _____

Address: _____ Phone: _____

X. MARKETING

There will be times when DAP care providers may want to take promotional photos or videos of your pet. This will only be done with your permission. These photos or videos may be used for marketing purposes (i.e. Facebook, brochures, ads, etc.).

I give my permission to DAP to photograph my pet and to use those photographs at their discretion. I understand all photographs taken are the express property of DAP and I reserve no rights to those photographs during my agreement period with DAP or after such agreement shall cease.

Owner's Signature: _____ Date: _____

How did you hear about Depend-A-Paws? _____

XI. AGREEMENT

I understand the policies, fees and practices of Depend-A-Paws, LLC and have had the opportunity to ask questions about those policies. I agree to abide by all policies and pay for all services associated with my pet's care as outlined in the Services and Fees Agreement. I understand additional fees may be incurred in instances of schedule changes I make or in emergency situations,, medical or otherwise. I agree to pay these additional fees on the day(s) they are incurred.

To ensure the health, safety and comfort of my pet(s) and the DAP personnel, I have provided all information available to me regarding my pet's medical and vaccination history, social history, daily schedule, training history and preferences.

Owner's Signature: _____ Date: _____

SERVICES AND PRICING GUIDE

Sit n' Shake

A first time meeting with client and pet in the home where services will be rendered. Pets will be assessed on temperament, behavior and owner's notes prior to committing to the care of a pet. Assessing the pets is an important step and one we take seriously as their comfort and happiness is our top priority.

For in-home care, please provide a key/code at the time of this meeting.

Dog Walking – \$20 per 30-minute visit/\$13 per 15-minute visit

Standard 30-minute visit within a two-hour window of your choosing. Contract pricing is available for a minimum of 3 walks a week. Included in a standard visit: Exercise and play, fresh water, feeding (if requested), clean-up (inside and out), dry paws and coat if necessary, *Today's Tail* report, treat (if authorized).

Pet Feeding Visit – \$20 per 30 minutes / \$13 per 15 minutes

Dogs - Feeding provided during 30-minute walking visit.

Cats – visit includes: exercise and play, feeding, fresh water, litter box cleaning (scooping), *Today's Tail* report, treat (if authorized).

Small Critters – visit includes: exercise and play, feeding, fresh water, *Today's Tail* report, treat (if authorized).

Small Critter Care – \$20 per 30-minute visit/\$13 per 15-minute visit

Each visit includes: exercise and play, cage cleaning (if necessary), fresh water, feeding, *Today's Tail* report, treat (if authorized).

Boarding Services – \$38 per day/ \$20 per day for each additional dog

This service is available on a limited basis. Boarding is provided in DAP caregiver's home. **Dogs must be crate trained for safety overnight and any time caregiver is not at home. Crate must be provided by owner.** Dogs must co-exist happily with other dogs and DAP caregiver's own pets. Drop-off/Pick-up times are between 7:00 a.m. and 7:00 p.m. only. These times are non-negotiable. An appointment is required and punctuality is imperative. If a client is more than 15 minutes late, rescheduling will likely be necessary.

Holiday Surcharge – \$25

An additional \$25 fee will be incurred on all services rendered on federal holidays.

Misc. Billing Fees - Late Payment Fee \$20; Returned Check Fee \$35*

*Returned checks are subject to late payment fee in addition to returned check fee.

Owner Signature _____ Date _____

TERMS AND CONDITIONS

Thank you for choosing Depend-A-Paws. We look forward to caring for your pet(s). Our goal is to provide customized services and the love and attention pets crave without sacrificing dependability, safety and meticulous care. We are "home" when you can't be!

Please read through our Terms and Conditions. Please let us know if you have any questions.

Initial Sit n' Shake: This meeting is mandatory prior to any services being rendered. It's a one time meeting to simply evaluate a pet to ensure DAP is the perfect pet care solution for them. If a pet owner moves and is still within DAP's service area, another sit n' shake will be scheduled prior to their next reservation for in-home care. Sometimes details of care change in a new home so we want to ensure that we're well prepared to continue caring for your pet in their new surroundings.

Please have the following items ready for the meeting: completed Client/Pet Profile Packet, copy of current rabies certificate for each pet, access keys to your home (if needed), and any questions you may have.

Scheduling: When scheduling a Sit n' Shake or boarding drop off and pick up time, punctuality is imperative. Appointments are often scheduled back to back. We also coordinate our time with clients around our charges' schedules. If a client is more than 15 minutes late, rescheduling will likely be necessary.

Inclement Weather Policy: Every attempt will always be made to get to your pet as scheduled. If safe passage cannot be made, a Plan B should always be in place. A neighbor should be armed with access to your home and care instructions for your pet and be on call should they be needed. Home owners should clear driveways and walkways of snow and ice when possible. Please alert DAP if passage to your home is jeopardized.

Holidays: An additional \$25 fee will be incurred on all services rendered on federal holidays. Dogs may not arrive or depart for boarding on a federal holiday.

Key Policy: A key or code to your home will be collected at time of the Sit n' Shake meeting. Keys and codes are securely and discreetly filed with no specific identifying information. DAP staff will not duplicate keys.

Payment Policy: D-A-P accepts cash, checks and all major credit cards. A \$35 fee will be charged for returned checks. A late payment fee of \$20 will be charged for all late payments. A returned check results in a late payment, therefore, a late payment fee will be charged in addition to the returned check fee.

Pet Owner Responsibility: Dogs and cats must be current on rabies vaccination and a copy of rabies certificate must be provided to D-A-P. Easy indoor and outdoor access to pet(s) is required. DAP must be alerted if pet(s) has experienced any illness between visits. Pet food and medications to be administered must be easily accessible with specific instructions.

When in doubt, please communicate!

Owner Signature _____ Date _____