

# The Animals' House



## Dog Walking/In Home Pet Care Registration/Agreement

### **OWNER INFORMATION:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact & Number \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How should the dog walker enter your home (i.e. front door, garage, etc.)?

\_\_\_\_\_

Are you providing a key and/or alarm code for entry?

\_\_\_\_\_

How would you like the report at the end of each walk (i.e. written report card, text message, etc.)?

\_\_\_\_\_

### **PET INFORMATION:**

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

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: Female/Spayed Male/Neutered Approx Weight: \_\_\_\_\_

Required Vaccine Information (Date Given):

Rabies: \_\_\_\_\_ Distemper: \_\_\_\_\_

Bordetella: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Phone Number of Veterinarian: \_\_\_\_\_

Please describe your dog's temperament: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever bitten a human or another dog:  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Has your dog ever shown aggressive behavior towards a human or another dog:

Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Is your dog a jumper, climber, escape artist:  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your dog have any on-leash aggression problems:  Yes  No:

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please describe any medical/physical problems (including seizures and allergies)

\_\_\_\_\_  
\_\_\_\_\_

What medications is your dog currently taking (if any):

\_\_\_\_\_

---

Please describe what you use to walk your dog (i.e. Harness, Gentle Leader, etc...):

---

---

Is there a specific route the dog walker should take with your dog?  Yes  No  
If yes, please explain: \_\_\_\_\_

---

---

---

---

\*\*\*\*Please Read\*\*\*\*

**The Animals House Policies/Owner Consent:**

- 1) Owner understands dogs are required to be up to date on all vaccines required by Virginia State Law.
- 2) Owner understands that reservations are required for all services provided by The Animals' House. Owner also understands that there is an existing cancellation policy. No charge if reservation is cancelled before 48 hours, 50% charge is cancelled before 24 hours and 100% charge if cancelled within 24 hours of reservation.
- 3) Owner understands that full payment is required at the time that the services are provided. The Animal's House accepts cash, check (with proper ID), Visa, Mastercard and American Express. We do not extend credit and the owner is responsible for all fees for products and services rendered. Owner also understands that if the balance is not paid in a timely fashion they are responsible not only for the balance due but any collection and/or attorney fees that are incurred in the attempt to collect this debt.

- 4) Owner understands that the length of any given walk may be shortened for the safety of the animal if there are extreme weather conditions (below freezing or above 85 degrees).
  
- 5) Owner understands that in the event of a medical emergency an attempt to contact them will be made immediately. Then their dog will be taken to either Animal Medical Center of the Cascades, Colvin Run Veterinary Clinic, Leesburg Animal Emergency Hospital or Emergency Veterinary Clinic of Northern Virginia. Owner entrusts the staff of The Animal's House to determine if the condition of their pet should be considered a medical emergency. Owner agrees to pay any of the veterinary hospitals listed above directly at the time of treatment for any service rendered.
  
- 6) Owner understands that office hours are Monday through Friday from 6am to 7pm, Saturday from 8am to 6pm and Sunday from 8am to 9am and 4pm to 6pm. Dog Walking hours are from 6am to 8pm weekdays.

Owner Signature: \_\_\_\_\_

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

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