

Dog World of Puerto Rico

Training	Grooming	Pet Sitting
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Date & Time of Arrival _____

Date & Time of Departure _____

Pet Name _____

Are you leaving the Island? Yes No

Owner Name _____

Referred by: _____

Phone # _____

Email _____

Address _____

IN CASE OF EMERGENCY: Name _____ Phone # _____			VET INFO VET _____ Phone # _____		
PET INFORMATION:					
Breed _____		Age _____		Weight _____	
Type of food _____		Color _____			
Feeding time & quantity _____			Gender	Male	Female
Exercise instructions _____					
Date of Vaccination _____			Date of flea & tick treatment _____		
Medications _____					
Allergies _____					
Neutered or Spayed	Yes	No	Barker	Yes	No
Aggressive with animals	Yes	No	Biter	Yes	No
Aggressive with people	Yes	No	Hyper	Yes	No
Heart condition	Yes	No	Shy	Yes	No
Epileptic	Yes	No	Chews	Yes	No
			Diabetic	Yes	No
			Blind	Yes	No
			Deaf	Yes	No

ADDITIONAL INFORMATION:

SPECIAL INSTRUCTIONS:

Amount \$ _____

Cash Check PayPal

The utmost care will be given in watching your (client) pet(s). However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of any extraordinary or unusual nature (i.e., biting, furniture damage, roughhousing injuries, accidental death, etc.) or any complications in administering medications to the animal(s). Nor can we be held liable for injury, disappearance, death, or fines of pet(s).

Client Signature _____

Date _____