



Daily Dog Duties Small Animals Information Sheet

Date: _____

About You

Client's Name: _____	Pet's Name: _____
Address: _____	Postal Code: _____
Home Phone: _____	Business Phone: _____
Cellphone/Pager: _____	E-mail Address: _____
Working hours during the day? _____ am/pm to _____ am/pm	

About Your Pet

Type: _____	Sex: _____	Age: _____
Colour: _____	Birthday: _____	Weight: _____

Pet Personality:

Need medication administered? Yes / No
 Likes to be picked up? Yes / No
 Likes to scratch or bite? Yes / No
 Likes to escape through doors or windows? Yes / No
 Other? _____

Additional Info:

Would you like your mail/newspaper picked up? Yes / No
 Would you like your plants watered? Yes / No

Vet's name, including clinic name & phone number: _____

Dates to visit:

Other Notes:

Name and phone number of a friend/neighbour to contact in case you are unreachable in the event of an emergency:

Name: _____
Home Phone: _____ Business Phone: _____
Cellphone/Pager: _____ E-mail Address: _____

Signing below acknowledges that Daily Dog Duties personnel may enter your home for the purpose of picking up/returning your pet. Daily Dog Duties shall assume no liability for any illness or injury caused to your pet or to other persons, pets or property. If your pet becomes injured or ill, Daily Dog Duties is hereby authorized to take your pet to the nearest animal care facility and such expense shall be paid by the owner of the pet.

Client Signature _____ Date _____

