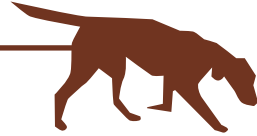


# AROUND THE BLOCK

PET SERVICES  
PET SITTING - DOG WALKING



*Greetings!*

Thank you for choosing us to care for your pet while you are away. We know firsthand how important keeping your pet happy, safe and healthy is ...especially in the care of someone else. Rest assured your pet will be loved and cared for, just like he/she is with you!

Enclosed you will find some forms to fill out. Our goal is to provide your pet with an environment that is modeled around how he/she lives at home. Please complete the forms as accurately as possible- it will really help us keep your pet in line with any training, habits, commands, etc. and normal routine that you provide.

Please know that we have a dog of our own, and even though its rare, may have additional dogs at our home. We will also need to see a certificate of vaccination for a current Rabies vaccine.

If you have any questions, please don't hesitate to contact us!

*We look forward to caring for your pets!*

**Emergency Contact Information**

Pet's Name: \_\_\_\_\_

This form is used in the event of an emergency and we made every attempt to get in touch with you. We will contact the person and the Veterinarian listed below.

**Owner Contact**

Owners name: \_\_\_\_\_  
 Owners Address: \_\_\_\_\_ Alt: \_\_\_\_\_  
 Owners Phone: \_\_\_\_\_

**Emergency Contact**

Contact name: \_\_\_\_\_ Friend Family Neighbor (circle one)  
 Contact Address: \_\_\_\_\_ Alt: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_

**Veterinarian Contact**

Veterinarian Name: \_\_\_\_\_  
 Veterinarian Phone: \_\_\_\_\_

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

**Pet Profile**

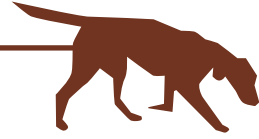
Pet Name: \_\_\_\_\_ Pet's Sex: (circle one) Male Female  
 Pet Breed: \_\_\_\_\_ Spayed/Neutered: Yes No  
 Pet Age: \_\_\_\_\_

**Informational Background**

Where did you purchase/adopt your dog?	Age:	
What type of socialization did your dog have prior to living with you?		
How does your dog get along with other people?	Inside of home:	Outside of home:
How does your dog get along with other dogs?	Inside of home:	Outside of home:
What techniques do you use to train your dog?		
Has your dog ever had formal training classes?	Where:	
List the different behaviors your dog has learned.		
What is your dog's daily eating schedule?		
What is your dog's daily exercise schedule?		
What do you like most about your dog's personality?		
What is one thing you would love to change about your dog's behavior?		

# AROUND THE BLOCK

PET SERVICES  
PET SITTING - DOG WALKING



## Pet Profile (cont'd)

### Behavioral Background

Has your dog ever shown aggression towards other animals or people? \_\_\_\_\_

Has your dog ever bitten a person or another animal? \_\_\_\_\_

Has your dog ever been in a fight with another dog? \_\_\_\_\_

Has your dog ever caused an injury to a person or animal that required medical attention? \_\_\_\_\_

Has your dog ever shown any resource guarding behavior of food or toys? \_\_\_\_\_

Has your dog ever shown any fence aggression towards people or animals? \_\_\_\_\_

Additional Information/Notes:

### Pet Owner's Agreement

My signature below verifies that I have completed the above information regarding my dog's background truthfully and to the best of my knowledge. I understand that I am responsible to notify the staff at Around the Block Pet Services immediately in the event of an incident during my visit to the Around the Block Pet Services premises and/or in the event of any change in the above information.

Owner Name (Print): \_\_\_\_\_

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