

Pet Services Information
Darrell's Pet Services/Dogs On Danforth
www.darrellspetservices.com
www.dogsondanforth.ca
416-420-3884



Please fill out **one form for each pet** so that I can provide personalized care.

Please complete only the sections that are relevant to your needs and use reverse side or attach pages if additional space is required.
Thank you.

Your name: _____ Type of pet: _____

Pet's name: _____ | Male / Female | Spayed / Neutered

Breed: _____ Colours/Markings: _____ DOB: _____

Microchipped: Yes No Microchip number: _____

All ongoing medical conditions or concerns: _____

All behavioural issues (list all past and present): _____

Has your pet been ill with any communicable diseases or ailments in the past 6 months?: Yes No
If "yes", please describe: _____

Feeding instructions (brand, amount, feeding times): _____

Treats? Yes No Favourite treats & instructions: _____

Food/Treat restrictions: _____

"Run of the house", crate, cage or room restrictions: _____

If crating/caging, detail instructions (i.e. radio on, collar on/off, toys/bones allowed in crate, crate covered, etc.):

Favorite toys/games: _____

Pet's hiding places: _____

Cleaning instructions:

Locations of all pet supplies & cleaning supplies: _____

Any other instructions or information I should know? _____

Do you give DPS/DOD permission to enter premises to perform duties? Yes No

If "yes", please provide a key (please test key in your door beforehand). Your key will not be copied and will not be marked. Your key will be returned in person when services are no longer required.

Security system/alarm company, codes, phone numbers and instructions: _____

Relevant property information (emergency shuts off switches/valves, fences/doors not secure, etc.): _____

Will anyone else be on your property while I'm providing service (family, friends, babysitters, cleaners, contractors)? Yes No

If "yes", please list names and usual days: _____

If travelling please list all relevant travel and accommodation information (please update for each subsequent trip):

Would you like to receive photos and updates? _____ If so, how often? _____

To what address? (email, twitter, facebook or local texting)? _____

FOR DOGS ONLY:

Is your dog licensed with the city of Toronto? Yes No If "no", please visit my website and read about my free dog licensing service. Would you like me to license your dog? Yes No

Is your dog obedient? _____

If "no", please provide detail: _____

Has your dog ever bitten any person or animal - or been bitten by another animal? Yes No

If you answered "yes" to the above question, please list all incidents in complete detail: _____

Is it okay for your dog to play with other dogs? Yes No

If "no", please list exceptions to group play: _____

Does your dog exhibit any aggressive behaviour toward animals or people: Yes No

If "yes", please describe: _____

Which commands does your dog know and respond to:

- | | | |
|-------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Paw | <input type="checkbox"/> Down |
| <input type="checkbox"/> Stay | <input type="checkbox"/> Leave It | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Drop | <input type="checkbox"/> Heal | "Potty" Command: _____ |

Is your dog good on leash? Yes No

If "no", please explain: _____

Clothing instructions: _____

Walk route & notes: _____

Location, description & instructions for collar/leash: _____

Dog Boarding and Daycare Services:

Please supply food, treats, toys, leash, collar, favourite bedding and **clean** crate/pen if necessary. Please note, DPS/DOD is not responsible for any damage to leashes, collars, bedding, toys or crate.

- | | | | |
|--|------------------------------|-----------------------------|--------------------------------------|
| Does your dog bark or whimper? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (if "yes" please explain on reverse) |
| Does your dog dig/scratch (doors, floors, yard)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does your dog frighten easily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (if "yes" please explain on reverse) |
| Does your dog try to escape? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (if "yes" please explain on reverse) |
| Is your dog house trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is your dog crate trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does your dog prefer to sleep in a crate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

**This form will be kept on file for all future visits. If anything changes please let me know.*

I, _____, have entered the above information truthfully, accurately and completely.

Client Signature

Date