



Coconut Grove Dog Walker

Pet Host is to Provide Pet Sitting/Pet Care Services to:



Pet Name(s): _____

Owner Name: _____ Phone #: _____

Breed: _____

Sex: Male Female Neutered Spayed

Detailed visual Description: _____

Special Instructions for Pet(s) – Command words, behavior, fear or aggression:

Feeding Instructions for Pets

Time for feeding: AM PM Other Pet Name(s): _____

Feeding Amount: _____ Special Diet: _____ Food Provide: Y N

Pet Health History

Are you aware of any current diseases, illnesses or disabilities? Yes No

If yes, please describe: _____

Is your pet on any medications? Yes No

If yes, instructions for medication(s): _____

Has your pet ever bitten any human or other animal? Yes No

If yes, what were the circumstances? _____

The following is a list of preventative health care requirements for guests. A certificate of vaccination must be provided to us prior to arrival date. Example attached and it should verify your pet is current for their vaccination of Rabies, DHPP (distemper) & Bordetella.

**** Example ****
**** CERTIFICATE ****

Silver Bluff Animal Clinic

Miami, USA

Vaccination Certificate

Owner Name: [REDACTED]
Address: [REDACTED]
Coconut Grove, FL 33133
Phone: [REDACTED]

Patient Name: [REDACTED]
Sex: Female Spayed
Species: Canine
Breed: Retriever, Golden
Color: Golden
Weight: 77lbs.
Birthdate: Apr/20/2006
Infochip: 47185E1637

Regular Vaccine Information	
Vaccine	Valid Until
RABIES annual	Aug/01/2013
DHP 3 year	Jul/31/2013
BORDETELLA	Jan/28/2014
Dade County Tag	Aug/07/2013

Rabies Vaccination Information	
Tag	L12161036
Date of Issue	Aug/07/2012
Expiry Date	Aug/07/2013
Vaccine	
Producer	
Lot Number	TAG ONLY
Dose	0
Manner of Injection	Subcutaneously
Vaccine Type	Killed

Doctor's Signature

Veterinary Information

Veterinary Name: _____

Veterinary Phone Number(s): _____

Address1: _____ **Address2:** _____

City: _____ **State:** _____ **Zip Code:** _____

Account number and name: _____

I authorize the Pet Host to obtain emergency medical services in the event I cannot be reached. The Pet Parent will be fully responsible for all fees and charges and will pay for all charges incurred on my behalf upon my return. _____ (initials)

I wish the following action to be taken in case of an emergency:

PERMISSION TO TRANSPORT PET:

I authorize Pet Host to transport my pet in case of emergency, dog park visit/pet taxi service. _____ (initials)

EMERGENCY CONTACT INFORMATION:

Owner/Customer location (while away from home) _____

Phone numbers where customer may be reached (other than cell phones listed above)

Telephone Number 1: _____

Telephone Number 2: _____