

## Home Away Dogsitting

20 Clermont Rd, New Annan, PE, C1N 4J8

(902) 439-0264 | [HomeAwayDogsitting@gmail.com](mailto:HomeAwayDogsitting@gmail.com)

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### Client Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_ Postal \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

May another person pick up your pet(s)? \_\_\_\_\_

That person's phone # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Pet Information

Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Fixed (Y/N)

Veterinary Office \_\_\_\_\_ Phone \_\_\_\_\_

Microchip number \_\_\_\_\_ Weight \_\_\_\_\_ Colour \_\_\_\_\_ Age \_\_\_\_\_

Pet insurance company and policy number \_\_\_\_\_

Food allergies? Please list \_\_\_\_\_

Behaviour or temperament issues? \_\_\_\_\_

Does your pet try to escape from enclosed areas such as a fenced yard? (Y/N)

Any other observations about your pet that you would like to share? \_\_\_\_\_

Please detail the feeding and medication instructions that you would like us to follow:

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**Note: We require our client dogs to be current with their core vaccinations. Usually this will be the DHPP or DA2PP combination vaccines. The rabies vaccine is also considered a core vaccine. We also require that client dogs be treated with flea and tick preventative medication. In addition, we strongly recommend that our client dogs be vaccinated against Bordetella (or kennel cough). You will be required to provide proof of core vaccination and flea/tick medication before we house your pet. This may be submitted via photocopy or an emailed photo or pdf.**

## Waiver & Consent

1. I confirm that I own the pet or I was given authority by the owner for taking ownership of the pet.
2. I assure Home Away Dogsitting that this pet is currently in good health.
3. I confirm that my pet has complete and updated vaccinations.
4. I confirm that my pet does not have fleas or any communicable disease.
5. I release Home Away Dogsitting, its employees, and owners from any liabilities including but not limited to injury, sickness, damage, accident, or death while in the care of Home Away Dogsitting.
6. If my pet needs medical attention, I authorize Home Away Dogsitting to have it attended to by the veterinarian on record at the owner's expense.
7. I confirm that all information entered in this form is true and accurate.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Photo Release

*We would like to be able to share pictures of our client dogs on social media. For your security, we pledge not to publish these pictures until after you have picked up your pet. We will not publish your name, only the name of the pet in our posts.*

I give consent to Home Away Dogsitting to publish pictures of my pets on social media.

Signed \_\_\_\_\_ Date \_\_\_\_\_