

# GOOD DOG INFO SHEET

## OWNER INFORMATION

FIRST & LAST NAME:

ADDRESS:

HOME PHONE (w/AREA CODE):

WORK PHONE (w/AREA CODE):

CELL PHONE (w/AREA CODE):

E-MAIL:

## EMERGENCY CONTACT INFO (other than spouse)

NAME:

WORK PHONE (w/AREA CODE):

CELL PHONE (w/AREA CODE):

## VETERINARIAN

NAME:

PHONE (w/AREA CODE):

ADDRESS:

## GROOMER'S INFO

NAME:

PHONE # (w/AREA CODE):

ADDRESS:

## PET BIO

NAME:

BREED:

SEX:

DATE OF BIRTH:

AGE:

IS DOG SPAYED/NEUTERED?

RABBIE ID TAG #

MICRO CHIP #

## ***PROOF OF CURRENT IMMUNIZATIONS NEED TO BE AVAILABLE***

DOES YOUR DOG LIKE CHILDREN?

HOW DOES YOUR DOG BEHAVE AROUND CHILDREN?

ARE THERE OTHER ANIMALS IN YOUR HOUSEHOLD?

IF SO, PLEASE LIST TYPE, SEX AND AGE OF EACH:

HOW DOES YOUR DOG GET ALONG WITH THE OTHER ANIMALS IN THE HOME

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### **HEALTH**

DOES YOUR DOG HAVE ANY PROBLEMS WITH ALLERIES OR FLEAS?

DOES YOUR DOG HAVE ANY OTHER HEALTH PROBLEMS THAT WE NEED TO BE AWARE OF?

DOES YOUR DOG GET ANY MEDICATIONS?

DOES YOUR DOG LIKE TO BE BRUSHED?

DOES YOUR DOG HAVE ANY SENSITIVE AREAS?

DOES YOUR DOG HAVE ANY FAVORITE PETTING OR RUBBING SPOTS?

### **BEHAVIOR**

IS YOUR DOG AFRAID OF ANY SPECIFIC NOISES OR OBJECTS?

HOW DOES YOUR DOG REACT TO STRANGERS OR PEOPLE IN YOUR YARD?

DOES YOUR DOG EVER BARK OR GROWL AT PEOPLE PASSING BY YOUR YARD?

ANY TYPE OF PEOPLE THAT YOUR DOG FEARS OR DISLIKES?

HOW DOES YOUR DOG REACT TO PUPPIES?

HAS YOUR DOG EVER GROWLED AT SOMEONE?

PLEASE EXPLAIN:

BITTEN SOMEONE?

PLEASE EXPLAIN:

IS THERE ANY PROBLEMS IN ANY OF THE FOLLOWING AREAS?

NIPPING, TUGGING, PLAY BITING, DISOBEYING, HOUSETRAINING, BARKING, DIGGING, JUMPING, ACCIDENTS, ANXIETY, ECT .....

PLEASE EXPLAIN:

## **GOOD DOG INFO SHEET PAGE #3**

DOES YOUR DOG HAVE ANY FOOD AGGRESSION ISSUES?

DOES YOUR DOG HAVE ANY TOY AGGRESSION ISSUES?

DOES YOUR DOG PLAY WITH ANY CERTAIN TOYS?

DOES YOUR DOG HAVE A FAVORITE TOY?

DOES YOUR DOG HAVE ANY LEASH AGGRESSION ISSUES?

DOES YOUR DOG KNOW ANY COMMANDS?

DO YOU KENNEL YOUR DOG AT HOME?

RATE YOUR DOGS ENERGY LEVEL "1" BEING MELLOW "10" BEING HIGHSTRUNG:

DOES YOUR DOG JUMP ON YOU OR GUESTS IN YOUR HOME?

PLEASE LIST ANY ADDITIONAL COMMENTS THAT MIGHT BE HELPFUL ABOUT YOUR DOG:

### **SICK/ILLNESS**

IF YOU OR A HOUSEHOLD MEMBER ARE ILL WE ASK THAT YOU ARE COURTEOUS AND GIVE US PROPER NOTICE, A DAY IF POSSIBLE. IF WE DO NOT RECEIVE AT LEAST A 10 HOUR NOTICE, YOU WILL STILL BE CHARGED YOUR NORMAL RATE.

IN THE EVENT THAT I OR MY BACK UP IS ILL OR UNABLE TO COME, THE SAME COURTESY WILL BE GIVEN TO YOU.

## **HOLD HARMLESS AGREEMENT**

FM~GOOD DOG, LLC, IT'S OWNER, EMPLOYEE(S), REPRESENTATIVE(S), OR ANY OTHER PERSON(S) AFFILIATED WITH THE COMPANY SHALL HERREINAFTER BE REFERRED TO AS "F~M GOOD DOG, LLC".

BY SGNING THIS FORM, YOU AS THE DOG OWNER(S): \_\_\_\_\_

SHALL HEREINAFTER BE REFERRED TO AS THE "CLIENT(S)," AND AGREE NOT TO HOLD "F~M GOOD DOG, LLC" LIABLE FOR ANY INJURIES TO YOUR DOG(S): \_\_\_\_\_

WHILE UNDER THE CARE OF "F~M GOOD DOG, LLC".

I UNDERSTAND THAT AS THE OWNER OF \_\_\_\_\_, I AM SOLELY RESPONSIBLE FOR ANY HARM CAUSED BY MY DOG(S) WHILE MY DOG(S) ARE IN THE CARE OF F~M GOOD DOG, LLC.

WE ARE THERE TO WALK AND PLAY WITH YOUR DOG, HOWEVER ACCIDENTS DO HAPPEN. IF ANY DO OCCUR WHILE WE ARE WITH THEM, WE WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES, OR COSTS INCURED.

I UNDERSDTAND AND AGREE THAT ANY PROBLEMS WHICH DEVELOP WHILE MY DOG(S)ARE IN F~M GOOD DOGS CARE, THEY WILL BE TREATED WITH THE BEST DISCRETION OF THE EMPLOYEE OF F~M GOOD DOG. I, AS THE DOG(S) OWNER, ASSUME FULL RESPONSIBILTY FOR ANY EXPENSES INVOLVED.

WE RESERVE THE RIGHT TO REFUSE/CANCEL EXSISTING SERVICE(S) IF DEEMED NECESSARY, AT OUR DISCRESION.

BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS SET FORTH BY THIS AGREEMENT.

"CLIENT" SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

F~M GOOD DOG. LLC

F~M GOOD DOG, LLC: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

# **ADMINISTRATING MEDICATION WAIVER**

FM~GOOD DOG, LLC WILL TRAIN ANY STAFF MEMBER TO ADMINISTER MEDICATION TO YOUR PET; IF AND WHEN NEEDED. BY SIGNING THIS FORM YOU AS THE OWNER OF THE DOG (PRINT NAME) \_\_\_\_\_ AGREE NOT TO HOLD FM~GOOD DOG RESPONSIBLE FOR ANY REACTION, OR PROBLEM YOUR PET HAS AS A RESULT OF ADMINISTERING MEDICATION WHILE IN OUR CARE.

BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT.

CLIENT SIGNATURE : \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

FM~GOOD DOG, LLC

FM~ GOOD DOG,LLC REPRESENTATIVE SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# VET RELEASE

I HEARBY AUTHORIZE A REPRESENTATIVE OF FM~GOOD DOG,  
\_\_\_\_\_ TO EXCHANGE AND SHARE PERTANANT INFORMATION  
REGARDING (DOGS NAME & BREED) \_\_\_\_\_, OWNED BY (FULL  
NAME) \_\_\_\_\_ WITH THE COOPERATION OF THEIR VET  
PROVIDER (PLEASE LIST VET'S NAME, ADDRESS & PHONE #): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FM~GOOD DOG WILL NOT BE HELD RESPONSIBLE FOR ANY CHARGES OR FEES THAT MAY  
INCURE DURING THE TIME WE ARE PRESENT AT THE VET WITH YOUR PET.

## SIGNATURES & DATE;

FM~GOOD DOG REP: \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_

DOGS OWNER: \_\_\_\_\_

\*AUTHORIZATION IS GOOD FOR ONE YEAR FROM SIGNED DATE UNLESS OTHERWISE SPECIFIED\*

## **FM~GOOD DOG FEES**

TIMES WILL BE RESERVED IN 45 MINUTE SLOTS

OUR REGULAR HOURS OF BUSINESS OUR 11-7PM, TO CONTACT WALKERS PLEASE CALL & LEAVE A MSG

FEES ARE: 1 DAY = \$10

2 DAYS = \$20

3 DAYS = \$30

4 DAYS = \$40

5 DAYS (WEEK) = \$42

\*THEIR WILL BE AN EXTRA CHARGE FOR MORE THAN 2 DOGS, AS A LONGER TIME SLOT WILL BE NEEDED.

PAYMENTS ARE REQUIRED ON FRIDAYS BY 2PM. WE WILL ACCEPT CASH, CHECKS AND MONEY ORDERS. SORRY AT THIS POINT WE ARE UNABLE TO ACCEPT CREDIT CARDS OR DEBIT CARDS.

PAYMENTS MUST BE CURRENT FOR SERVICES TO BE SCHEDULED FOR THE NEXT WEEK. THERE WILL BE A LATE FEE OF \$3.

INNSUFUCIENT FUNDS WILL BE APPLIED BASED ON THE BANKS FEES. WE WILL NO LONGER ACCEPT A PERSONAL CHECK FROM YOU IN THIS CASE, CASH OR MONEY ORDER ONLY PLEASE.

THERE WILL BE ADDED FEES FOR; FOR MEDICATIONS; CPR ( IF NEEDED); VET VISITS; GROOMING VISITS OR ANY OTHER REQUESTS.