
2024 IN-HOME PET CARE AGREEMENT

Note: Please fill out a Veterinary Form for each individual pet.

Date ____/____/____

I, _____ here by grant permission to **Erica Wright**, a representative of **Wright Pet Kennels**, access onto my property and into my home.

This agreement is for *In-Home Pet Care* services for a daily fee plus mileage. (Please check all that apply)

___ Once Daily (between 11am – 1pm)

___ Twice Daily (between 8am – 10am & 4pm – 6pm)

Number of miles round trip _____ (at current mileage rate) \$_____

Feed / Water pets (name & Species) please include in writing all pet care instructions.

1. _____ Dog ___ Cat ___
2. _____ Dog ___ Cat ___
3. _____ Dog ___ Cat ___
4. _____ Dog ___ Cat ___

Extra Care (additional \$2.00 per day) please include in writing any special care instructions.

- Pick up mail / newspapers at road side mail box.
- Water house plants
- Other _____

Owner's Signature _____ WPK Representative _____

Owner Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____ #1 Cell Phone _____ - _____ - _____

Work Phone _____ - _____ - _____ #2 Cell Phone _____ - _____ - _____

Email Address _____

_____ Yes, please put me on your Constant Contact email list to receive Wright Pet Kennels' monthly newsletter.

Pet Information

1. Name _____ Breed _____
____ Male ____ Female Age _____ Pet's date of birth _____
Is your pet spayed or neutered? ____ Yes ____ No Microchip ID# _____
List all medications your pet is currently taking. _____

2. Name _____ Breed _____
____ Male ____ Female Age _____ Pet's date of birth _____
Is your pet spayed or neutered? ____ Yes ____ No Microchip ID# _____
List all medications your pet is currently taking. _____

3. Name _____ Breed _____
____ Male ____ Female Age _____ Pet's date of birth _____
Is your pet spayed or neutered? ____ Yes ____ No Microchip ID# _____
List all medications your pet is currently taking. _____

4. Name _____ Breed _____
____ Male ____ Female Age _____ Pet's date of birth _____
Is your pet spayed or neutered? ____ Yes ____ No Microchip ID# _____
List all medications your pet is currently taking. _____

Please provide detailed instructions on last page for administrating these medications.

Emergency Contact

Name _____ Phone _____ - _____ - _____

Veterinarian

Name _____
Address _____
City _____ State _____ Zip Code _____
Office Phone _____ - _____ - _____ Fax Phone _____ - _____ - _____

Pet Profile & General Information

What brand of dog/cat food do you feed your pet? _____

Do restrictions need to be placed on your pet's activities or movements because of joint or other pain? Describe.

Does your pet have a flea problem? ____ Yes ____ No

Does your pet have allergies? ____ Yes ____ No To what? _____

Does your pet like to be brushed? ____ Yes ____ No

Does your pet have any sensitive areas on his/her body? Describe. _____

Where are your pet's favorite petting and scratching spots? _____

Cat Behavior

- Is your cat fearful of dogs? ___ Yes ___ No
- Is your cat de-clawed? ___ Front ___ Back ___ Both
- Is your cat litter box trained? ___ Yes ___ No
- Does your cat play with any toys? ___ Yes ___ No Describe. _____

Please list any other comments or information about your dog or cat that might be helpful.

Thank you for choosing Wright Pet Kennels to care for your pet.