

**2020 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 \_\_\_\_\_ (\$0.56 per mile)

- 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 the email list to receive Wright Pet Kennels' quarterly newsletter "Dog Tales".

**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? \_\_\_\_\_  
\_\_\_\_\_

#### Dog Behavior

Do visitors bring their dog(s) to your household? \_\_\_\_ Yes \_\_\_\_ No

If yes, how does your dog react? \_\_\_\_\_

How does your dog react to a stranger coming into your home or yard? \_\_\_\_\_  
\_\_\_\_\_

Does your dog ever bark, growl, or chase anyone passing outside your home or yard?

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Are there any kinds of people or animals your dog automatically fears or dislikes?

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Has your dog ever jumped on anyone?  Yes  No

Has your dog ever growled at anyone?  Yes  No

Has your dog ever bitten anyone?  Yes  No What were the circumstances? \_\_\_\_\_

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Is your dog frightened by noises? Describe. \_\_\_\_\_

Has your dog ever growled or nipped at anyone taking food/toys away?  Yes  No

Has your dog ever shared his/her food or toys with other animals?  Yes  No

What commands does your dog know? \_\_\_\_\_

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Is it effective in keeping him/her under control?  Yes  No

What if any bathroom commands does your dog know? \_\_\_\_\_

What if any play commands does your dog know? \_\_\_\_\_

What if any quiet commands does your dog know? \_\_\_\_\_

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**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. \_\_\_\_\_

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

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