

Compassionate K9 Care Inc.
Stephanie Sokalski
(587) 999-4433
info@compassionatek9care.com
compassionatek9care.com

Compassionate K9 Care

CLIENT PROFILE

Client Name: _____
Number of Pets in the care of Compassionate K9 Care: _____ Animal Name(s): _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

SECONDARY CONTACT

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

ALARM INFORMATION (IF APPLICABLE)

Alarm Company: _____ Phone: _____
Alarm Code: _____ Alarm Password: _____
Alarm Panel Location: _____

Please note any common problems with your house that Compassionate K9 Care Inc should be aware of before our visits: _____

Please inform Compassionate K9 Care Inc in writing of any authorized visitors to your home that may be in or around your home during scheduled visits from Compassionate K9 Care Inc.

This signed document is authorization for Compassionate K9 Care Inc to enter the above premises for pet care.

Client Signature: _____

Date: _____



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PET PROFILE (1 of 2) (Complete one form per pet)

Pet's Name: _____ City of Calgary License #: _____

Gender (Circle): M / F Spayed/Neutered? Yes No

Colour Markings: _____

Breed: _____ Birthday: _____

How would you describe your pet's personality? _____

How would you describe your pet's behaviour towards strangers? _____

Has your pet ever bitten or acted aggressively towards a person? _____

If yes, please explain _____

Is your pet good with children? _____

How would you describe your pet's behavior towards other animals? _____

Are you aware of any reason we should approach your pet with caution? _____

How does your pet react to your absence from home? _____

(APPLICABLE TO PET VISITS/DOG ADVENTURES ONLY)

Is your yard fenced? _____ Does your pet use a pet door? _____

Where should waste be disposed of? _____

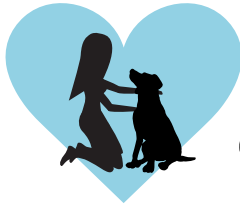
Is your pet allowed treats and if so any restrictions on what kind? _____

Medications (if applicable) Name of Medication: _____

Treatment for: _____ Dosage: _____

When to administer: _____

How to administer: _____



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PET PROFILE (2 of 2) (Complete one form per pet)

Please list anything we should know about your pet's health: _____

(IF APPLICABLE) Please describe your dog(s) behaviour on off-leash walks (does he come when called, how to regain control if they won't return, any behaviours we should be aware of to avoid confrontations with other dogs, special tips, tricks and words that your dog responds well to etc)

Any other information we should know about your pet: _____

I certify that all of the above information is true to the best of my knowledge and that I will notify Compassionate K9 Care Inc. of any changes to the above prior to the start of any service period.

Client's Name: _____

Client's Signature: _____

Date: _____