

WOLF PACK DOG TRAINING & ANIMAL CARE

Client information and Contract

Client's Name _____

House Address _____

Is your house address the same as mailing address? **Y** **N**
If no please add mailing address

Please specify if number is cell or landline

Phone: _____

Email Address _____

Emergency Contacts and Numbers _____

WOLF PACK DOG TRAINING & ANIMAL CARE CONTRACT

(WPDT&AC)

This is a CONTRACT between (you) _____ and
Wolf Pack Dog Training & Animal Care at 1115 Gresham Rd Cadiz, KY 42211
WPDT&AC is providing the services for these pets

1. _____ 2. _____

Policies and Procedures

WPDT&AC Accepts Cash or Checks made out to **Lauren Paterson**

You can also pay through PayPal using the email **hausulvk9@gmail.com**

Please Initial the highlighted lines below to show that you understand the [Policies and Procedures](#)

Please ask me if there is anything you don't understand

NO REFUNDS ON SCHEDULED SERVICES

- Booked Days for Boarding or Board & Training are limited, so it is possible I turned down other clients to fit you in. A **non-refundable** % of the total bill will need to be made to reserve your dates at the time of scheduling. _____
- If you come home early or get your dog before the scheduled dates are finished, you are still charged for the originally booked days. _____
- If you extend your stay last minute (a few days before scheduled pick up) there will be an additional \$5 fee added on top of the boarding price per extra day to be paid before the dog is released at pick up _____

I Authorize Wolf Pack Dog Training & Animal Care to Provide Services for My Pets

X _____

Date _____

Pet Information

Pet #1 Name _____

Breed- _____ Color _____ Age _____

Sex- M F Neutered Microchipped~Y N # _____

Phobias _____

Food Brand _____ Amount _____ X _____

Current on Vaccinations Y N if NO, Dog MUST be vaccinated before WPDT&AC will provide services, copy of vet records must be provided) (Distemper, rabies and if boarding with us bordetella)

Pet #2 Name _____

Breed- _____ Color _____ Age _____

Sex- M F Neutered Microchipped Y N # _____

Phobias _____

Food Brand _____ Amount _____ X _____

Current on Vaccinations Y N if NO, Dog MUST be vaccinated before WPDT&AC will provide services, vet records must be provided) (Distemper, rabies and if boarding with us bordetella)

(For more pets, put info on the back of the sheet)

Dog's Medical Information

Wolf Pack Dog Training and Animal Care suggest that you let your Veterinarian know that we are taking care of your pets, especially if staying with us for a long visit. That way, if some unforeseen situation were to occur where we need veterinary assistance they understand why we have your dog.

Name of Veterinarian Practice _____

Preferred vet if you have one _____

Address _____ City _____ State _____

Did you contact your veterinarian to let them know WPDT&AC is watching your pet/s? Y N

Medical issues

Pet #1 _____

Allergies? _____

Medications & Dosage- _____

Pet #2 _____

Allergies? _____

Medications & Dosage- _____

In case of a medical emergency we will call you first BUT If we are unable to get a hold of you do we have your permission to make that decision to take your pet to a veterinarian? **Yes **No** (if No what would you like us to do? Who do you want us to contact? (Please let the emergency contact and veterinarian know Wolf Pack Dog Training & Animal Care is caring for your pet)**



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