

# Noble Dogma Pet Care

We treat your pets like royalty!

*Dog Walking - Dog Daycare - Pet Sitting - Cat Visits*

**Insured & Bonded - Pet First Aid Certified**

**Adam Ragsdale / Heidi Ragsdale**

**Phone: 416-407-2338**

**NobleDogma.com – info@nobledogma.com**

## CLIENT INFORMATION FORM

**Your Name:** .....

Address: .....

Main Phone Number: .....

Cell Phone Number: .....

Work Phone Number: .....

E-mail: .....

Additional Emergency

Contact Information: .....

**Dog's Name:** .....

Age: .....

Breed: .....

Sex:  Male  Female

Neutered or Spayed:  YES  NO

Toronto Animal License #: .....

### **Feeding Instructions (for Boarding & Daycare clients):**

What kind of food does your dog eat? .....

When does your dog eat? .....

Any special feeding instructions: .....

### **Medication (including flea & tick prevention products):**

Is your dog on any medication? :  YES  NO

If yes, please describe the applicable medication procedure, including the name & dosage:

.....

Where do you keep your collar and leash? .....

Does your dog need a special harness for walks .....

Do you prefer on or off-leash walks for your dog? .....

### Characteristics

Please answer the following questions about your dog, as this information will help us to provide better care for him/her:

Is your dog allowed to have treats?  YES  NO

Is your dog friendly with other dogs?  YES  NO

Is your dog aggressive on-leash?  YES  NO

Does your dog like children?  YES  NO

Does your dog obey basic commands?  YES  NO

Has your dog bitten either people or other dogs?  YES  NO

**If your answer is yes, please give a description of the incident:**

.....

Has your dog shown other problem behavior?  YES  NO

**(If yes, please describe – e.g. “chases joggers”):**

.....

Is your dog fearful of noises, thunder or inclement weather?  YES  NO

Please add anything else about your dog's habits or behaviour which you think would be useful to us in providing proper care:

.....

If you have a home security system and will require us to enter your home in your absence, please fill in the following:

Alarm Deactivation Code:

\_\_\_\_\_

Alarm Activation Code:

\_\_\_\_\_

Alarm Company Name:

\_\_\_\_\_

Alarm Company Phone #:

\_\_\_\_\_

By signing below, you acknowledge that **Noble Dogma Pet Care personnel** may enter your home for the purpose of picking up and returning your pet and transporting your pet by car, when required.

**You also agree to the following:**

- 1) To pay all invoices in full, for services rendered, within seven days of receipt.
- 2) To give us 24 hours' notice in the event of cancellation of services.
- 3) You understand that your pet must have a valid license with Toronto Animal Services. If your pet license is invalid, you agree to reimburse "**Noble Dogma Pet Care**" the cost of all fines incurred.
- 4) To be solely financially responsible for any property damage or personal injury caused by your pet while under the care of "**Noble Dogma Pet Care**".

Signature: .....

Date: .....

**Please also fill out our Veterinary Release Form, found on the next page.**

**Thank you!**

**Noble Dogma Pet Care**  
**VETERINARY RELEASE FORM**

**Name of Pet:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Medical conditions:**

.....

**Medication(s):**

.....

**Microchip/Tattoo number:**

.....

**License number:**

.....

If the pet named above becomes ill or is injured, I request that **Noble Dogma Pet Care personnel** take my pet to the nearest veterinary office.

For my pets' medical history, please contact my regular vet:

**Veterinary Office Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

I give permission to **Noble Dogma Pet Care personnel** to approve treatment up to \$\_\_\_\_\_.

I will assume full responsibility for payment of veterinary services rendered up to the above stated amount.

I understand that **Noble Dogma Pet Care personnel** cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid, starting on the date below, for whenever **Noble Dogma Pet Care personnel** care for my pet.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_