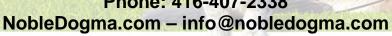
Noble Dogma Pet Care

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



CLIENT INFORMATION FORM

Your Name:
Address:
Main Phone Number:
Cell Phone Number:
Work Phone Number: E-mail: Additional Emergency
Contact Information:
Cat's Name:
Age:
Breed: Colour/Markings: Sex: OMale O Female Neutered or Spayed: OYES O NO Feeding: What kind of food does your cat eat (brand, wet/dry)? When does your cat generally eat? Any special feeding instructions?
Medication: Is your cat on any medication which must be administered?: OYES ONO If yes, please describe the applicable medication procedure, including the name, dosage, and where it's kept:

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Characteristics

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

Is your cat declawed? OYES ONO

Is your cat allowed outdoors? OYES ONO

Is your cat allowed outdoors? **OYES ONO** If not does he/she attempt to escape outdoors? **OYES ONO** Does your cat stop eating regularly when stressed? OYES ONO Is your cat skittish with strangers? **OYES ONO** Does your cat use the litter box regularly? **OYES ONO** Does your cat like to be petted or brushed? **OYES ONO** Has your cat have favourite toys? **OYES ONO** Does your cat have favourite hiding places? OYES O NO If so, where? Is there anything which often works to bring your cat out of hiding, if needed (running the can opener or shaking a treat jar, for example)? Has your cat bitten anyone? **OYES ONO** Has your cat shown any other problem behaviours? OYES ONO If yes, please provide details Please add anything else about your cat's habits or behaviour which you think

would be useful to us in providing proper care:

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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

lame of Pet:
Breed:
Veight:
Date of Birth:
ledical conditions:
ledication(s):
licrochip/Tattoo number:
icense number:
the pet named above becomes ill or is injured, I request that Noble Dogma
et Care personnel take my pet to the nearest veterinary office.
or my pets' medical history, please contact my regular vet:
eterinary Office Name:
ddress:hone Number:
give permission to Noble Dogma Pet Care personnel to approve treatment p to \$
will assume full responsibility for payment of veterinary services rendered up
the above stated amount.
understand that Noble Dogma Pet Care personnel cannot be held
esponsible for the results of the veterinary treatment or the loss of my pet.
his agreement is valid, starting on the date below, for whenever Noble
ogma Pet Care personnel care for my pet.
the above stated amount. understand that Noble Dogma Pet Care personnel cannot be held esponsible for the results of the veterinary treatment or the loss of my pet. his agreement is valid, starting on the date below, for whenever Noble

Client Signature: ______Date: _____