

SEAN IN THE CITY



TODAY'S DATE: ____/____/____

Checklist BEFORE your pet's first day with us

ENITRE application filled out

- Vaccination record included showing pup was vaccinated for Distemper combination,
- Rabies, Bordatella (Kennel Cough) and 8+ month olds have been spayed/neutered
- Required in-person meeting with Sean in the City Dog Walking Services staff (pet present)
- Application, Vaccination records and in-person meeting completed 1 day prior to first day

SECTION I: PET PARENT INFORMATION

First Responsible Party

First Name: _____ Last Name: _____

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Email: _____

Spouse/Partner

First Name: _____ Last Name: _____

Address: (if different from above) _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Email: _____

AUTHORIZED/EMERGENCY CONTACT PERSON

First Name: _____ Last Name: _____

Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Other people authorized to pick up my pet: _____

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SECTION II: PET INFORMATION

Please fill out this page for each pet

Name: _____

Gender (Circle One): Female Male

Is your pet spayed/neutered (Circle One)? Yes No

Breed: _____ Color/Markings: _____

Weight: _____ Birthday or Adoption Date: ____/____/____

PET'S BACKGROUND

Please describe any medical conditions or allergies that your pet has:

Please list all medications:

Please describe your pet's food and any special dietary instructions (include brand of food and amount):

Has your pet been vaccinated for Rabies, Distemper, Parvovirus and Kennel Cough? You must provide proof of these Vaccinations from your Veterinarian to Sean in the City Dog Walking Services.

My pet plays best with:

My pet is best described as:

A few of my pet's favorite things:

Has your pet ever displayed aggression (i.e. over toys or food, towards people or other pets)?

Is there anything special that we need to know about your pet (i.e. Special Behavioral Concerns, Can Climb Fences)?

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SECTION III: VET INFORMATION

Hospital Name: _____

Doctor's Name _____:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Email: _____ Website Address: _____

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SECTION IV: CLIENT AND RELEASE OF LIABILITY AGREEMENT

Please initial next to each statement and sign below

_____ I hereby hold harmless and indemnify Sean in the City Dog Walking Services , its agents, officers, subcontractors, employees, pet owners, customers, and potential customers (Indemnified Parties) from any and all liabilities, financial or otherwise, for injuries to myself, my pet(s), or any other property of mine which may arise from services that are rendered by The Sean in the City Dog Walking Services or as a consequence of my association with Sean in the City Dog Walking Services except to the extent caused by gross negligence, bad faith, or intentional misconduct of the Indemnified Parties. In consideration of the services rendered by Sean in the City Dog Walking Services , I agree to assume any all liability financial or otherwise, for the behavior and health of my pet arising in connection with such services. I waive any and all claims, actions, or demands of any nature, either foreseen or unforeseen, that I may have against the Sean in the City Dog Walking Services relating to the care, control, health, and safety of my pet arising in connection with the services that are rendered by The Sean in the City Dog Walking Services except to the extent caused by gross negligence, bad faith, or intentional misconduct of the Indemnified Parties.

_____ I hereby authorize Sean in the City Dog Walking Services, its agents, officers, sub-contractors, and employees to do whatever they deem necessary for the safety, health, and well-being of my pet while under their care.

_____ By signing below, I acknowledge that I have read this agreement and release of liability in its entirety and agree to the terms. This agreement shall be binding for every time services are rendered by Sean in the City Dog Walking Services on my behalf.

_____ I have read, understand, and agree to the cancellation policy stated on seaninthecity.com

_____ I have read, understand, and agree to the retainer/fee policy stated on seaninthecity.com

Signature

Date

SEAN IN THE CITY



CREDIT CARD AUTHORIZATION FORM

Name On Credit Card: _____

Credit Card Number: _____

Credit Card Type (Circle One): Visa Mastercard American Express Other: _____

BILLING ADDRESS (if different from above)

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

I authorize Sean in the City to use this card for all future payments.

Signature

Date