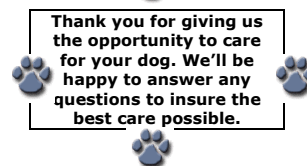


Bow Wow Paws Dog Home Care Services

Phone: 646-209-9330 Email: bowwowdoggies@aol.com Web: www.bowwowpaws.com



1. Client Information

Names: _____
Address: _____ Apt.# _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Emergency Contact Name: _____ Number: _____ Relationship: _____

2. Pet Information

Pet's Name: _____ Dog or Cat _____ Markings? _____ Color? _____ Where? _____
Sex: Male/Female Neutered/ or Strayed Yes/No Birth date: _____ Age: _____ Breed: _____
Describe your pet's diet: _____
List pet's medical conditions: _____ How many times per day do you walk your dog? _____
Does your pet require medication? _____ Injections? _____ Pills? _____
How does your dog interact with strangers? _____ How does your dog react with other dogs? _____
Describes your dog's temperament: _____
Have you dog ever bitten a human being or another dog? If so, explain: _____

Does your dog have any restrictions in your home or outside? _____

Does your dog have any sensitive areas? _____

Where is your dog's hiding place? _____ What's your dog's fav. toy? _____ Where is your dog leash? _____

Does your dog fear objects, noise, etc? If so, please describe: _____

Does your dog knows any basic training such as stay, no, etc.? Yes or No Fully trained? Yes or No

Is your dog allowed to have the following (circle all that are OK)

Raw Hides, Pig Ears, Pressed Raw Hides, Peanut Butter, Nylabone Edibles, Booda Bones

Problems (circle any symptoms or problems you have noticed with your pet):

Gagging, Sneezing, Thirst, Urination Increase, Vomiting, Weakness, Behavioral Changes, Breathing Problems, Coughing, Allergies, Depression, Diarrhea, Eye Disorder _____, Gum Bleeding, Bad Breath, Limping, Lost of Balance, Blind, Scooting, Scratching, Shaking head, Diarrhea, Stool Eater, Run Aways, Jumper, Shy, Unruly, Picky Eater, Barks, No Obey, Separation Anxiety, People Aggressive, Others _____

Pet's Medical History (circle all that pet has received):

Flea Prevention, Rabies, Tag? _____ Distemper, Parvovirus, Feline Leukemia Test, FVRCP (infectious Disease for Cats), Dental, Surgery, Illnesses, others: _____

3. Veterian Contact Information:

Names: _____
Address: _____ Apt.# _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Emergency Contact Name: _____ Cell: _____ Pager: _____

In the event my pet becomes ill I, "The Client" will assume full responsibility upon my return for payment and/or reimbursement for Veterinary Services rendered upon to the any stated amount due.

Print: _____ Sign: _____ Date: _____

This agreement is valid starting on the date above whenever Bow Wow Paws cares for my pets

4. Access To Your Home:

Location of Key: _____ Alarm Deactivation Code: _____ Alarm Activation Code: _____
Alarm Company: _____ Alarm Company number: _____ Contact: _____

5. Services You Are Requesting & Price (check what applies to your pet)

Dog Walking: _____ Pet Sitting: _____ Dog Home Grooming: _____
Dog Party Planning Services: _____ Pet Errand Services : _____ Puppy Care: _____
Overnight Stay or Vacation Packages: _____ Dog Home Day Care: _____ Pet Consultation: _____
Home Dog Massaging Services _____ Other: _____

6. By Completing This Application, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

Client: _____ Sign: _____ Date: _____
BWP: _____ Sign: _____ Date: _____