

## Dog Walking/Pet Sitting Caregiver Information

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female  Neutered  Spayed

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ \*\*Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Will your pet be walked; Regularly?  Occasionally?

Indicate which days you are most likely to have us visit with your pet.

Monday  Tuesday  Wednesday  Thursday  Friday

Indicate how long of a visit/walk you would prefer? 45 minutes  30 minutes  15 minutes

Indicate the preferred time(s) you would like us to visit:

1. Between \_\_\_\_\_ : \_\_\_\_\_ and \_\_\_\_\_ : \_\_\_\_\_
2. Between \_\_\_\_\_ : \_\_\_\_\_ and \_\_\_\_\_ : \_\_\_\_\_
3. Between \_\_\_\_\_ : \_\_\_\_\_ and \_\_\_\_\_ : \_\_\_\_\_

Please indicate all that apply:

Feeding required { } instructions; \_\_\_\_\_

Treats { } type and how many? \_\_\_\_\_

Medication { } instructions; \_\_\_\_\_

Please list any special instructions, or commands that you may have for your pet.

K9's in KAHOOTS  
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