



SERVICE REQUEST FORM

OWNER INFORMATION			
Full Name	# of dogs	Date	
Street Address	City, State		Zip
Email Address	Cell Phone	Home Phone	Work Phone
Desired service(s): <i>select all that apply</i> <input type="checkbox"/> Walks/Exercise <input type="checkbox"/> Training <input type="checkbox"/> Bath <input type="checkbox"/> Dog-sitting/In-home visits <input type="checkbox"/> Nails <input type="checkbox"/> Grooming <input type="checkbox"/> Other _____	How often/When		

SECONDARY OWNER (IE; SPOUSE) INFORMATION <i>(if applicable)</i>			
Full Name			
Street Address	City, State		Zip
Email Address	Cell Phone	Home Phone	Work Phone

EMERGENCY CONTACT INFORMATION		
Emergency Contact Name	Phone	Email or alternate phone #
Emergency Contact Name	Phone	Email or alternate phone #

VETERINARIAN INFORMATION		
Vet Name	Phone	
Street Address	City, State	
		Zip



PET INFORMATION

DOG #1			
Name			
Sex	Birthday/Age	Breed	Color
Please mark Yes or No for the following items:			
Spayed/Neutered	YES	NO	<i>Comment *optional*</i>
Microchipped	YES	NO	<i>Comment *optional*</i>
Vaccinations up to date	YES	NO	<i>Comment *optional*</i>
Dangerous/Aggressive	YES	NO	<i>Comment *optional*</i>
Can socialize with and walk with other dogs	YES	NO	<i>Comment *optional*</i>
Responds to basic commands (such as “sit” and “no”)	YES	NO	<i>Comment *optional*</i>
Health/Medical Issues	YES	NO	<i>If yes, please list/explain:</i>
Medications	YES	NO	<i>If yes, please list/explain:</i>
Allergies/Restricted Foods	YES	NO	<i>If yes, please list/explain:</i>
ADDITIONAL INFORMATION			



PET INFORMATION

DOG #2			
Name			
Sex	Birthday/Age	Breed	Color
Please mark Yes or No for the following items:			
Spayed/Neutered	YES	NO	<i>Comment *optional*</i>
Microchipped	YES	NO	<i>Comment *optional*</i>
Vaccinations up to date	YES	NO	<i>Comment *optional*</i>
Dangerous/Aggressive	YES	NO	<i>Comment *optional*</i>
Can socialize with and walk with other dogs	YES	NO	<i>Comment *optional*</i>
Responds to basic commands (such as “sit” and “no”)	YES	NO	<i>Comment *optional*</i>
Health/Medical Issues	YES	NO	<i>If yes, please list/explain:</i>
Medications	YES	NO	<i>If yes, please list/explain:</i>
Allergies/Restricted Foods	YES	NO	<i>If yes, please list/explain:</i>
ADDITIONAL INFORMATION			



PET INFORMATION

DOG #3			
Name			
Sex	Birthday/Age	Breed	Color
Please mark Yes or No for the following items:			
Spayed/Neutered	YES	NO	<i>Comment *optional*</i>
Microchipped	YES	NO	<i>Comment *optional*</i>
Vaccinations up to date	YES	NO	<i>Comment *optional*</i>
Dangerous/Aggressive	YES	NO	<i>Comment *optional*</i>
Can socialize with and walk with other dogs	YES	NO	<i>Comment *optional*</i>
Responds to basic commands (such as “sit” and “no”)	YES	NO	<i>Comment *optional*</i>
Health/Medical Issues	YES	NO	<i>If yes, please list/explain:</i>
Medications	YES	NO	<i>If yes, please list/explain:</i>
Allergies/Restricted Foods	YES	NO	<i>If yes, please list/explain:</i>
ADDITIONAL INFORMATION			



PET INFORMATION

DOG #4			
Name			
Sex	Birthday/Age	Breed	Color
Please mark Yes or No for the following items:			
Spayed/Neutered	YES	NO	<i>Comment *optional*</i>
Microchipped	YES	NO	<i>Comment *optional*</i>
Vaccinations up to date	YES	NO	<i>Comment *optional*</i>
Dangerous/Aggressive	YES	NO	<i>Comment *optional*</i>
Can socialize with and walk with other dogs	YES	NO	<i>Comment *optional*</i>
Responds to basic commands (such as “sit” and “no”)	YES	NO	<i>Comment *optional*</i>
Health/Medical Issues	YES	NO	<i>If yes, please list/explain:</i>
Medications	YES	NO	<i>If yes, please list/explain:</i>
Allergies/Restricted Foods	YES	NO	<i>If yes, please list/explain:</i>
ADDITIONAL INFORMATION			



PET INFORMATION

DOG #5			
Name			
Sex	Birthday/Age	Breed	Color
Please mark Yes or No for the following items:			
Spayed/Neutered	YES	NO	<i>Comment *optional*</i>
Microchipped	YES	NO	<i>Comment *optional*</i>
Vaccinations up to date	YES	NO	<i>Comment *optional*</i>
Dangerous/Aggressive	YES	NO	<i>Comment *optional*</i>
Can socialize with and walk with other dogs	YES	NO	<i>Comment *optional*</i>
Responds to basic commands (such as “sit” and “no”)	YES	NO	<i>Comment *optional*</i>
Health/Medical Issues	YES	NO	<i>If yes, please list/explain:</i>
Medications	YES	NO	<i>If yes, please list/explain:</i>
Allergies/Restricted Foods	YES	NO	<i>If yes, please list/explain:</i>
ADDITIONAL INFORMATION			



DOG SITTING & IN-HOME VISIT INFORMATION

OWNER INFORMATION	
Full Name	Address <i>(leave blank if same as previous page)</i>
Duration of scheduled visit(s) <i>(date-date)</i>	Scheduled time(s) & day(s) of visit(s)
Expecting anyone else to be in your home while you're away? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, who and when?
INSTRUCTIONS	
<i>*please include locations of relevant items such as keys/keypads, food, leashes, crates, etc.*</i>	
Getting inside (unlocking/entering)	
Duties once inside	
Leaving/locking (including how/where to leave pets/items)	
Miscellaneous item locations (ie; cleaning supplies, trash can, etc.)	
Additional instructions/comments	



CANINE CARDIO SERVICE AGREEMENT

This agreement between Canine Cardio and _____ (the Owner) for the requested service(s) will go into effect _____. Whereas, the Owner is the owner of the dog(s) listed in the service request form. Canine Cardio will strive to ensure safe and responsible practices during provision of services and reserves the right, with the Owner's consent, to walk multiple dogs at the same time.

I (the Owner) understand and agree to the following terms:

-  I authorize Canine Cardio to perform the requested services for the dog(s) specified in the service request form and agree to pay in full prior to services rendered.
-  I understand that I am responsible for disclosing any and all past, current, and emerging information regarding the dog(s) under Canine Cardio's care, and that any unintentional errors, omissions, or incorrect assertions are sole responsibility of me and not the responsibility of Canine Cardio.
-  I represent and warrant that my dog(s) have no history of violence toward any dogs, humans, or other pets, whether or not any past incident(s) of violence were reported to authorities, or that any incident(s) of violence have been fully disclosed to Canine Cardio in the service request form.
-  I authorize Canine Cardio to seek, obtain, and pay for any and all emergency medical care or required veterinary treatment for the dog(s) in my name in the event of an emergency during my absence, and I agree to pay for or reimburse in full any costs incurred. I authorize Canine Cardio to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Canine Cardio will give every effort to contact me prior to obtaining or paying for medical or veterinary care, and if Canine Cardio is unable to receive authorization, then Canine Cardio will pay for all care and will be reimbursed in full by me.
-  I agree that I am responsible for the actions of my dog(s) at all times and agree to indemnify, defend, and hold harmless Canine Cardio for any claims of injury, costs, expenses, or damages caused by the actions of the dog(s) under my care or under Canine Cardio's care. Canine Cardio is not liable for the injury, disappearance, death, or fines of any dog(s) with unsupervised access to the outdoors.
-  I understand that Canine Cardio will act with due respect and caution while inside of my place of residence and is not responsible for any loss or damages to the property, home, or items within the home. Damages unintentionally caused by Canine Cardio's negligence will be disclosed to the owner and will be compensated for appropriately by Canine Cardio.
-  I agree that any liability incurred under this agreement on the part of Canine Cardio shall not exceed the amount of Canine Cardio's fee, as specified in the service request form.

I (the Owner) have completed the required service request form (and, if applicable, the pet sitting form) in its entirety and I have read and agree to these terms and conditions.

Client Signature:

Canine Cardio Signature:

[Date]

Brittany Schneller

[Date]