

Kathy Webster
(704) 648-9998
kathyspupperdoodles@gmail.com
kathyspupperdoodles.com



Today's Date ____ / ____ / ____

Client Information

Client Name:				
Home Phone:		Cell Phone:		Work Phone:
Address:		City:	State:	Zip:
Spouse/Partner:				
Home Phone:		Cell Phone:		Work Phone:
Do you own or rent your home? Own ____ Rent ____			Landlord/Mgmnt Phone:	
Email & Texting OK? Yes ____ No ____			Email Address:	
How did you hear about me? ____ Google ____ Facebook ____ Instagram ____ Nextdoor ____ Rover				
Other: _____ Referral: _____ Veterinarian: _____				

Emergency Contact(s)

These people will be able to make emergency medical and/or household decisions if owner(s) are unavailable. Also, if there is an emergency on behalf of KPD, these contacts will also be able to take care of your pet(s). Please make sure you let KPD know if there are any updates to your contact list if they are no longer available if needed.

Name	Relationship	Phone	Key(s) to home?
			Yes ____ No ____
			Yes ____ No ____
			Yes ____ No ____

Home Access

Will you be providing a key to Kathy's Pupper Doodles to keep on file for future visits? Yes ____ No ____
Front Door Code: _____ / Garage Door Code: _____

If "No", there is a \$5.00 return fee to mail or drive your key back at the end of the visit. Weekly clients are required to have at least one physical door key on file regardless if codes, remotes, or apps are being used for entry.

Security System

Company Name:	Code Word:
Company Phone:	Security Code/Number:

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Household Information

Please fill out this form in its entirety. You never know when a situation may present itself and I need to take care of your pet(s) outside of our original agreement or in an emergency.


Please list the location of the following items.

Leashes:	Broom/Mop:	Pet Carrier:
Collars:	Cleaning Sprays:	Meds/Vitamins:
Dog Towels:	Cleaning Towels:	Fire Extinguisher:
Cat Litter:	Litter Box:	Trash Bags:
Treats:	Food:	Water Shut-Off Valve:
Toys:	Outdoor Garbage:	Electrical Panel Box:

Vacation / Daily Instructions

Bring in mail? Yes ____ No ____	Location of mailbox / key:
Alternate Blinds? Yes ____ No ____	Water indoor plants? Yes ____ No ____
Alternate Lights? Yes ____ No ____	Turn on/off Radio/TV? Yes ____ No ____

Additional Notes or Comments Regarding Pets or Home



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Today's Date ____ / ____ / ____

Pet Information

Please fill out the entire form even if some of the items may not be appropriate at this time.

Name _____ Color / Markings _____ Breed _____

Sex Male / Female Neutered / Spayed Yes / No Age _____ DOB (if known) _____ Adopted _____

Food / Treat Restrictions or Allergies Yes / No - Explain _____

Medications / Supplements / Vitamins _____

Current Health Issues? _____

Feeding Schedule AM Time _____ PM Time _____ or Graze All Day Yes / No

Type of food Wet / Dry / Other - Explain _____

Brand of food _____ Quantity _____

Has your pet had a Dog Walker / Pet Sitter before? Yes / No

How does your pet react to your extended absence? (anxiety) _____

Has your pet been boarded before? Yes / No Where? _____

Has your pet had any formal training? Yes / No Commands your pet knows _____

Has your pet ever snapped, bitten, or acted aggressively towards another animal or person? Yes / No

Explain _____

Are you aware of any reason I should approach with caution? (jumping / food or toy guarding / etc) Yes / No

Explain _____

Things that make my pet happy _____

Things that make my pet scared / mad / etc (triggers) _____

Anything good, bad, or in general you'd like to share that will help your pet have THE BEST experience with me?



Veterinary Release Form

OWNER INFORMATION

Name _____ Phone (____) _____ - _____

Name _____ Phone (____) _____ - _____

VET INFORMATION

Hospital / Clinic Name _____

Preferred Vet _____ Secondary Vet _____

Address _____

Phone (____) _____ - _____ Hours _____

To the Hospital / Clinic / Urgent Care

Kathy Webster, owner of Kathy's Pupper Doodles, has been contracted to care for my pet(s) _____ / _____ and has my permission to place them in your care in case of an emergency. Ms. Webster will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and I will be solely responsible for payment of any fees as stated below.

- If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. _____ (initial)
- If another vet is not available, I give my permission to Ms. Webster to take my pet(s) to the nearest animal hospital or emergency clinic. _____ (initial)
- I give permission for Ms. Webster to approve treatment up to \$_____ in case you cannot contact me, or my emergency contact as listed on my "Client Information" form. _____ (initial)
- I understand that Ms. Webster assumes no responsibility for the injury or loss of my pet and is released from all liability related to treatment _____ (initial)
- I agree to be responsible for any additional services or expenses that may be assessed by Kathy's Pupper Doodles; for example, emergency transportation, extended service time waiting for my pet, and any medications or supplies that may be needed to care for my pet. _____ (initial)

This consent for treatment has no expiration date and grants permission for future veterinary care without the need for additional authorization each time Kathy's Pupper Doodles cares for one or more of my pets.

Owner

Owner

____ / ____ / ____
Date



Emergency Pet Guardianship Documentation



Client's Name _____

Name of pet(s) _____

Emergency Pet Guardianship

In the unlikely event that you are unable to return and assume care of your pet/s, please list the name of the person(s) we should contact to take over the care of your pet(s) until final pet guardianship is determined by arrangements made in your will or other legal documents. Please be sure that you have notified the person(s) below that you have listed them as your emergency pet guardianship contact and that we have been given their contact information.

Primary Person _____ Phone (____) _____ - _____

Address _____

Relationship to you _____



Secondary Person _____ Phone (____) _____ - _____

Address: _____

Relationship to you: _____

Owner

Owner

____ / ____ / ____
Date



KPD POLICY SIGN-OFF

PREFERRED PAYMENT METHODS _____ (initial)

- ❖ Apple Pay: (704) 648-9998
 - ❖ Zelle: Kathleen Webster (704) 648-9998 or kathyspupperdoodles@gmail.com
 - ❖ Personal Checks payable to Kathleen Webster
- Weekly Clients w/ 4-7 visits per week - Payments can be made weekly, biweekly, or monthly
 - Weekly Clients w/ 1-3 visits per week - Payments are due biweekly or monthly

DEPOSIT & CANCELLATION POLICY _____ (initial)

Vacation & Holiday Deposits: A non-refundable 25% deposit is required to hold your spot at the time of the request, the balance is due 4 weeks prior to the start of your 1st visit. If there is less than 4 weeks until your 1st visit, a 50% deposit may be due at the requested time and the balance due a week later. Payments for all visits (weekly or vacation) are due by Sunday, there is a \$5.00 Late Payment Fee if received after that.

Cancellation Policy for Regular/Weekly Visits: A 48-hour notice before your scheduled visit is required to allow me time to fill your appointment slot with no fees. Notifications from 24 - 48 hours will have a \$15 fee applied to your total prepaid balance and any overage will be applied to your next visit.

* No Refunds for cancellations or changes made 24 hours or less before your visit. *

Cancellation Policy for Boarding/Vacation Visits: A minimum notice of 2 full weeks is required for a 75% refund. The 25% non-refundable deposit will be applied as the cancellation fee.

* No Refunds for cancellations or changes made less than 2 weeks before your visit. *

FEES _____ (initial)

- ❖ Holiday Fee (refer to FAQ page on website for which holidays are charged)
 - Drop-in Visit: \$10 / per visit
 - Boarding: \$25 / day
- ❖ Last-Minute Schedule Changes or Requests: \$5 to \$25
- ❖ Late Payment Fee: \$5
- ❖ Boarding - Early Ck-In / Late Ck-Out: \$10.00/hr up to 5 extra hours
 - After 5 hours is considered another boarding night.
- ❖ Mileage Fee: \$0.70 per mile for those outside the 5-mile service area. The fee will be added to each visit.

Client

Client

_____/_____/_____
Date