

Kathy Webster  
 (704) 648-9998  
[kathyspupperdoodles@gmail.com](mailto:kathyspupperdoodles@gmail.com)  
[kathyspupperdoodles.com](http://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 <input type="checkbox"/> Rent <input type="checkbox"/>		Landlord/Mgmt Phone:	
Email & Texting OK? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email Address:	
How did you hear about me? <input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Nextdoor <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

## 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 <input type="checkbox"/> No <input type="checkbox"/>	Location of mailbox / key:
Alternate Blinds? Yes <input type="checkbox"/> No <input type="checkbox"/>	Water indoor plants? Yes <input type="checkbox"/> No <input type="checkbox"/>
Alternate Lights? Yes <input type="checkbox"/> No <input type="checkbox"/>	Turn on/off Radio/TV? Yes <input type="checkbox"/> No <input type="checkbox"/>

## 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? \_\_\_\_\_

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## 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

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## 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

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## 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