

ALL CREATURES PET SERVICES

Expect the Best...

ANDREA PATRICK,LLC

12535 SW MORGAN ROAD

SHERWOOD, OREGON 97140

MOBILE PHONE: 503-537-8747

Web:allcreaturespetservicesllc.com

E-MAIL: allcreatures2010@yahoo.com

Pets Name _____ D.O.B. _____ AGE _____

Breed _____ Color _____ Estimated weight _____ Gender : M or F

Spay/Neuter(required over 6months up to 1 year will be considered) Y / N

Microchip Number _____

CLIENTS NAME _____

ADDRESS: _____

CITY, STATE ZIP _____

PHONE _____ text(for updates): Y/N

E-MAIL _____

Emergency Contact:

Name: _____

RELATIONSHIP _____

PHONE (C) _____ (H) _____ (W) _____

****Who Referred you: _____**

\$40 Per Night per dog (24/7 care)

***** Day of pick up after 1pm is \$17*****

***** Hours: M-F 7am-7pm Sat 9a-6p &Sun 10a-4p**

Daycare M,W,F(if requested): \$25/Day

DOGS THAT COME TO STAY WITH US HAVE TO BE CAT FRIENDLY-OUR CATS LOVE DOGS!

VACCINES

*Current on Vaccinations? (REQUIRED) _____

*DHLPP (Distemper , Hepatitis, Leptospirosis, Parainfluenza, Parvovirus) _____

***Bordetella (Kennel Cough) This vaccine has to be given within 6 months _____

Rabies Vaccine: _____

*Flea Control etc (REQUIRED)last 30 days _____ (If not treated when arrive we can apply at a charge of \$10)

Fecal Testing _____

Last Physical exam _____

Microchip Number (highly recommended): Yes _____ M.C Number _____
No _____

Is your dog currently on medications/supplements? No _____ yes _____

What kind? Instructions on giving this medication: dosage, time, etc?

Restrictions: i.e. Medical Conditions (i.e allergies, diabetes, thyroid, physical limitations) that require restrictions on her/his activities or diet

Vet Preference _____ Phone _____

Address: _____

Is your vet aware that you will be using our Pet Services _____

No, will notify _____

Yes, have notified(please leave our cell #503-537-8747 with vet) _____

What provisions have you made in case of injury/illness resulting with your pet?

Page 3

Fears / Phobias

Describe how your dog gets along with other animals, in your home , on walks, dog parks, daycare, etc _____

Has your dog ever growled/bitten another dog or person? Please explain in detail _____

KNOWN COMMANDS:

Mark ALL that apply: Sit___ Stay___ Come___ Wait___ Hold___

Off ___ Lets Go ___ Outside___ Potty___ Leave it___

Housebroken(hugely required)_____ Food Motivated ___ Leash Trained ___

Food/Toy Aggression Y/N_____

Fear of loud Noises i.e thunder, fireworks Y/N_____

good with other dogs Y/N_____

Good with people Y/N_____

Like car rides Y/N_____

Jump fences Y/N_____

Bolts Through Door Y/N_____

Separation Anxiety Y/N_____

Counter Surfing Y/N_____

Digging and other destructive behavior Y/N_____

Likes/Dislikes? _____

*If you have not been the sole owner of your pet, if known, provide history regarding prior owner(i.e neglect, left outside, abandoned etc) _____

Is there additional information I should know about your dog _____

Day to Day Care and Exercise: How many hours per day is your pup use to being alone? _____

How often per day is your pup exercised? _____

DIET:

Food: Please note where you purchased it. What Brand? (if I need to purchase)

Instructions on Diet:

A.M. _____ (amt)

P.M. _____ (amt)

Snack: _____

Sleep:

Where? Dog Bed _____ Crate _____ Other _____

Treats (If you have a Preference please bring with your dog)

I DO OFFER HEALTHY TREATS (not always hypoallergenic)

***** I supply the Food/Water Dishes**

*****Personal Items: Do not bring any irreplaceable or valuable items**

**** Please do not bring any raw hide*****

All Creatures Pet Services is not responsible for loss or damage to any personal item(s) left with your dog.

Assignment of Care and Waiver :

*All Creatures Pet Services is authorized to perform care and services as listed . *All Creatures Pet Services is authorized to obtain medical and/or emergency treatment as recommended by veterinarian. I agree to reimburse *All Creatures Pet Services for medical expense incurred, plus any additional fees i.e. food/supplies. All Pet(s) are to be currently vaccinated and up to date on flea control . I give *All Creatures Pet Services permission to take my pet off the premises for exercise, i.e. walks, hikes. I hold *All Creatures Pet Services harmless for loss or unforeseen death of my pet(s).

FOR ACCURACY AND UNDERSTAND THE CONTENTS OF THIS CONTRACT: I HAVE REVIEWED THIS CONTRACT CAREFULLY

DATE _____ CLIENT SIGNATURE _____

*References available

I AM INSURED AND REGISTERED

A MEMBER OF PORTLAND PETSITTERS

Revised 12/30/2019

PRICE LIST:

Reservations dates: _____

Overnight Boarding: \$40/night _____

After 1p pick up \$17 _____

Daycare(M,W,F) 8a-4:30p: \$25 _____

Additional services:

Nail Trimming/Dremel:\$25 _____

Basic Bath and Brush Out:\$25 _____

TOTAL: _____