

Client Information

Client Name:						
Dog's Name:						
Address:						
City / State / Zip						
Primary Number:						
Secondary Number:				_		
Email Address						
Vet's Name:						
Vet's Address:						
Vet's City / State / Zip						
Vet's Phone Number				_		
Date Of Birth of Dog:		Breed:				
Gender	Male	Female				
Altered - Spayed / Neutered	Yes	No		<u> </u>		
Dog Food Brand			Dry	Canned		
Date you acquired your dog?		From?	-			
How old was your dog when you	got him/her?					
Are you wanting ARKs to train your dog?						
What issues are you having with your dog which you would like to correct?						
Are there other items which cond	cern you when needs	to be addressed?				
Does your dog show signs of Agr	ession?					
Please Provide Triggers or any other relavant information about the agression.						

What are the commands your dog knows? Why did you select the breed of dog that you have? Were you referred to ARKs? If Yes, by who?					
					Medical Information
					Current Health Issues?
allergies?					
Please list any medications your dog is on and the dosage and when dispensed.					
Socialization					
las your dog been boarded before?					
How did he/she respond?					
leaction to strangers?					
leaction to other dogs?					
xercise Routine					
avorite toys					
avorite games					
Where is dog kept majority of the day?					
Where does dog sleep?					
Iousebroken?					
are there children living at home? If yes, what are the ages?					
s there a regular social environment within the home which the dog is exposed to?					
Notes:					

Puppies:

Puppies cannot control their bladder until they are six months old. We can assist with house breaking but it does require consistency at home to be successful. Even though they learn where to go to the relieve themselves, they will to be let out on their command to continue the success.

It is recommended that you do not leave your puppy unattended with full reign of your home until they are fully trained to not destroy objects in the house or chew on items which are not their toys. It can be dangerous for the puppy. Think about it, that you would not leave an young child unattended. Puppies need the same love and guidance.

Payment for Services:

When making a reservation, you will be given an estimated price for the stay. A deposit of \$40 is required at the time of the reservation via Venmo, Check or Cash. Check can only be used for the deposit. The deposit will be applied to your visit. Any visit with a deposit requires a 48 hour notice of cancelation. All deposits will be refunded within 2 weeks if the cancelation was not given within 48 hours of arrival. At the time of arrival, 50% of the expected charges for the stay are to be paid then the balance is paid at the time you pick your dog up.

Venmo Acct	601-521-8556	@JLynnRobinette			
If your dog becomes sick, we will make every effort to contact the primary and secondary numbers. If we ARKs is not able to reach the owner, we will take the dog to the listed if they will see the dog, otherwise, we will take the dog to the local emergency vet. We never want to make any medical decisions regarding you dog. You will be responsible for the medical expenses. Please, enter the authorized maximum amount to be spent on your dog in the event of an emergency. The maximum authorized amount you are approving ARKs to approve in the event we are not able to reach you is \$ If we are able to reach you, you will be responsible for paying the vet directly. If you are not reachable, then ARKs will cover the cost then you will be responsible for refunding ARKs immediately. By signing this agreement, you agree to these terms for emergency treatment of your dog.					
	Initial				
	_	urrent vaccination record is to be kept f we are pet sitting your dog / cat			
By signing this Client Information form, you are agreeing to the terms and conditions in which ARKs has listed as well as agreeing to the responsibilities of the dog(s)'s owner on the website.					
Name Printed of Owner	Signature	e of Owner			
Date					