

# AOK-K9

Faron Glover

Pet Services

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734-329-1697

## CLIENT INFORMATION

Client's First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*Please leave email if you would like to be sent an AOKK9 reference letter after your pets stay is completed

Emergency contact

(friend/family): \_\_\_\_\_

Emergency Vet: \_\_\_\_\_

Emergency Vet Phone: \_\_\_\_\_

## PET INFORMATION

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Overall Demeanor: \_\_\_\_\_

Medication? Y or N Kind/Frequency? \_\_\_\_\_

Allergies? Y or N Type of reaction? \_\_\_\_\_

Good or Bad Habits?

Please explain \_\_\_\_\_

## VISIT INFORMATION

House sitting? Y or N From \_\_\_\_\_ To \_\_\_\_\_

Daily checks only? Y or N Day and Time: \_\_\_\_\_

Kennel (circle): Y or N At night When away Free Rein

To be Fed (circle): 1x a day 2x a day 3x a day fill food for free rein

\*AOKK9 does not limit dogs to their water intake; free rein to water will always be available for this pet even per request\*

Food restrictions/Requirements: \_\_\_\_\_

Agreed Amount: \$ \_\_\_\_\_ per day

Notes: \_\_\_\_\_

Terms of agreement: \_\_\_\_\_

Signature X

Date