Drop-In Pet Visits Intake Form

Pet Parent Information

Pet Parent Name: _____

Primary Phone: _____

Secondary Phone: _____

Email Address: _____

Home Address: _____

Emergency Contact (Name / Phone / Relationship): _____

Pet Information

Pet Name(s): _____

Species/Breed: _____

Age: _____ Weight: _____

Feeding Instructions: _____

Medications (if any): _____

Behavior Notes (anxiety, escape risk, etc.): _____

Visit Details

How many visits per day? ☐ 1 ☐ 2 ☐ 3 ☐ Other: ____

Preferred Visit Time(s): _____

Are visit times flexible? ☐ Yes ☐ No

Home Access & Security

Entry Method (key, keypad, garage, etc.): _____

Alarm System? ☐ Yes ☐ No Code/Instructions: _____

Security Cameras? ☐ Inside ☐ Outside ☐ Both ☐ None

If yes, where located: _____

Mail Instructions: _____

Package Instructions: _____

Plant Watering Instructions: _____

Trash Day Instructions: _____

Other: _____

Veterinary Release

I authorize Dori's Doggie Domain to seek veterinary care for my pet(s) if I cannot be reached and understand I am financially responsible for any expenses incurred.

Preferred Veterinarian: _____ Phone: _____

Emergency Vet (if different): _____ Phone: _____

Agreement & Signature

I confirm all information provided is accurate and agree to the policies, fees, and procedures of Dori's Doggie Domain.

Pet Parent Typed Signature: _____

Date: _____