

## VISITS / DOG WALKS

Pet Parent's Name:	
Address:	
Cell Number: Emergency Contact name/#:	
Pet's Name, Age and Breed:	_
How many visits a day/length of visits, are needed?	
Does anyone else have a key or code to your home? If yes, who? (include phone number)	
Are there any security cameras in your home? If yes, where?	_
Special Instructions for Home Care (mail, plants, lights, etc) :	-
Special Instructions for Pet Care (feeding instructions, medication, allergies, daily routines, etc):	_
	_ _
Does your pet have any behavior or aggression problems? Do they get along with other pets?	_
Veterinarian's Name and Phone Number:	_
In the case of an emergency, Dori Diamond will attempt to contact you before taking your pet to the vet. However, in the event that she is unable to reach you, please sign below to authorize, Dori Diamond, to ta your pet to the specified veterinarian or the closest emergency veterinarian if yours cannot be reached. If agree that I will be responsible for any veterinary costs deemed necessary by a licensed veterinarian.	
Signature Date	

I give permission for my pet to be photographed and posted on social media. Y\_\_\_\_ N\_\_\_\_