Coastal K9 Dog Walking & Pet Services

Client Profile

CLIENT INFORMATION

Name(s) _____

Address _____

Best Contact #(s) _____

Update preference after visits? (text or email)

_____

Email Address(es) _____

How did you hear about Coastal K9?

_____

(If from a referral, please name them so we can offer a referral bonus!)

EMERGENCY CONTACTS

Name	Relationship	Phone	Has Key?

HOME / ACCESS INFORMATION

Security system? Y / N _____ Exit/entry code or password: _____

If yes, please advise them you are using our service.

Security company name: _____ Phone #: _____

Keypad location _____

If I provide a house or mailbox key to Coastal K9, I understand that multiple copies of that key may necessarily be made unless other arrangements are discussed.

☐ OK ☐ N/A ☐ I prefer a lockbox ☐ Other

If renting — landlord / company name & number for emergencies

_____

Notes _____

_____

Coastal K9 Dog Walking & Pet Services

Pet Information & Veterinary Authorization

VETERINARY & TRANSPORT

Permission to transport your pet(s) during regular services? ☐ Yes ☐ No

Veterinary Hospital / Doctor _____

Vet Address & Phone _____

Preferred emergency hospital:

☐ Veterinary Medical & Surgical Group ☐ Pet Emergency Clinic ☐ Other (specify below)

Other emergency clinic name & address

_____

EMERGENCY VETERINARY AUTHORIZATION

Coastal K9 will always make every effort to contact you first in an emergency. If you cannot be reached, I authorize Coastal K9 to approve treatment up to the amount below. I assume full financial responsibility for all such costs upon my return. If my preferred vet is unavailable, I authorize Coastal K9 to seek care at the nearest available clinic. Except in cases of gross negligence, Coastal K9 cannot be held responsible for the outcome of treatment or the loss of my pet.

Authorized treatment amount: $ _____

Are you open to walking or training suggestions? ☐ Yes ☐ No

Additional comments or instructions

_____

OWNER AUTHORIZATION & SIGNATURES

Client / Responsible Party #1

Signature (type full name): _____

Date: _____

Client / Responsible Party #2 (if applicable)

Signature (type full name): _____

Date: _____

Coastal K9 Dog Walking & Pet Services

Pet Profile — Pet 1 of 2

Pet Name: _____ Breed / Description / Weight: _____

Birth Date & Age: _____ Spayed / Neutered? Y / N _____

Sex: _____ Microchip # / Tattoo / Tag #: _____

Vaccines current (DHPP/DAPP, Rabies, Bordetella, Lyme)? ☐ Yes ☐ No ☐ Partial

HEALTH

Allergies / Health Conditions / Medications

_____

_____

FEEDING

Name of food _____

Quantity: _____ Frequency per day: _____

Additional instructions (filtered water, treats, supervised mealtime, etc.)

_____

_____

TEMPERAMENT & BEHAVIOR

Personality / Temperament _____

Socially accepting of other dogs/pets? Any exceptions?

_____

Any aggressive tendencies (food / toy / water guarding, etc.)?

_____

Favorite games, toys, activities _____

May s/he be off-leash? Y / N _____ Known commands: _____

HAS THIS PET EVER:

☐ Attacked or bitten someone ☐ Injured self (boredom/anxiety) ☐ Attacked another animal ☐ Escaped from home

Where does s/he hide or escape to? _____ How can s/he be retrieved?

_____

PET MAY REACT TO / DOESN'T LIKE:

☐ Strangers ☐ All people ☐ Little dogs ☐ Big dogs

☐ All other animals ☐ Children ☐ Touch / ears ☐ Hot days

☐ Loud noises / thunder / vacuum ☐ Other:

May react by _____

Any other notes _____

Coastal K9 Dog Walking & Pet Services

Pet Profile — Pet 2 of 2

Pet Name: _____ Breed / Description / Weight: _____

Birth Date & Age: _____ Spayed / Neutered? Y / N _____

Sex: _____ Microchip # / Tattoo / Tag #: _____

Vaccines current (DHPP/DAPP, Rabies, Bordetella, Lyme)? ☐ Yes ☐ No ☐ Partial

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Allergies / Health Conditions / Medications

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_____

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May react by _____

Any other notes _____

Coastal K9 Dog Walking & Pet Services

Release and Hold Harmless Agreement — Client Copy

SCOPE OF AGREEMENT

The undersigned (hereinafter "Client") agrees, in consideration of services provided by Coastal K9 Dog Walking & Pet Services and its owners, operators, contractors, and employees, to release and hold harmless Coastal K9 from any damage, loss, injury, or claims arising from any preexisting condition of Client's pet(s), including but not limited to death, injury, shock, or accidental injury due to the animal's temperament, health, age, physical condition, or malformation, whether known or unknown to Coastal K9 at the time of service.

In the event of a veterinary emergency, Coastal K9 will make every reasonable effort to contact the Client before authorizing treatment. If the Client cannot be reached, Coastal K9 is authorized to approve emergency veterinary care up to the amount specified in the Pet Information section. The Client assumes full financial responsibility for all authorized veterinary costs upon return. Except in cases of gross negligence, Coastal K9 cannot be held responsible for the results of veterinary treatment or the loss of a pet.

CLIENT ACKNOWLEDGMENTS

1. Pet Information: Client has fully and accurately disclosed all relevant information about their pet(s), including health conditions, behavioral tendencies, medications, and any known risks.
2. Rates & Services: Client has reviewed and agrees to the current rates and services as provided by Coastal K9.
3. Holiday & After-Hours Fees: An additional fee applies to services performed on federally recognized holidays and outside of standard business hours.
4. Cancellation Policy: A cancellation fee may apply depending on when a scheduled service is cancelled. Coastal K9 will communicate the cancellation schedule at time of booking.
5. No-Show / Pet Unavailable: If Coastal K9 arrives and the pet is not present or accessible, the full service fee will still be charged.
6. Licensing: Coastal K9 Dog Walking & Pet Services is a licensed business operating in compliance with applicable local regulations.
7. Photo & Communication Updates: Coastal K9 may send photo updates following visits as a courtesy, per the contact preference in the Client Profile.

CLIENT SIGNATURES

Client / Responsible Party #1

Signature (type full name): _____

Date: _____

Client / Responsible Party #2 (if applicable)

Signature (type full name): _____

Date: _____

Coastal K9 Representative (type full name): _____ Date: _____

Coastal K9 Dog Walking & Pet Services

Release and Hold Harmless Agreement — Coastal K9 Copy

Duplicate retained for Coastal K9 records.

SCOPE OF AGREEMENT

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