Overnight Training and Pet Sitting

Please review this document before you begin. Your word processing program is now open and you may type in your answers, please Save As a newly named document, and then attach the completed document back to me via email to [LindaMichaelsPositively@gmail.com](mailto:LindaMichaelsPositively@gmail.com).

A 50% down payment is required at the time of our Meet and Greet, in-home consultation in order to reserve your sitting dates. 25% of the deposit is transferable to other services should you cancel, and 25% is non-refundable. Each of the following holidays are an additional 50% fee per day: Thanksgiving Day, Christmas Eve, Christmas Day, New Years Eve, Easter Sunday, and July 4th.

My Arrival Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hour\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Departure Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hour\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Information

|  |  |
| --- | --- |
| Name: | Referred By: |
| Home Phone: | Work Phone: |
| Cell Phone: | Email: |
| Address: | |
| Emergency Contact:  Neighbor  Handy-Person  Family Member Other: | |
| Phone number of your hotel if you would like to provide it: | |

Home Computer Information

|  |  |
| --- | --- |
| Name of Wi Fi Network: | Wi Fi Password: |

|  |
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| Would you like to receive an email Pet Report each third day detailing our activities and capers while you are away? I will also let you know that I have arrived. This is a free service.  Yes No |

Phone Preferences

It is my practice and preference not to answer your house phone. Should you want to reach me, please call 858.259.9663 and leave a message. I check my messages at least twice a day. I will not hesitate to call you, if necessary. Please explain here if you have other preferences:

Pet’s History

|  |  |  |
| --- | --- | --- |
| Name: | Age: | Breed: |
| Male  Female  Neutered  Spayed | | |
| How long has this pet been a member of your family? | | |
| Circumstances under which you acquired your pet: Breeder, Rescue, etc. | | |
| Is there anything else you’d like me to know about your pet? | | |

Feeding

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| Food Allergies? |
| What kind of training treats does your pet(s) respond to? |
| Brand name: |

|  |  |  |
| --- | --- | --- |
|  | Breakfast \_\_\_\_\_\_\_ o’clock | Dinner \_\_\_\_\_\_\_ o’clock |
| Dry Food |  |  |
| Wet Food |  |  |
| Supplements |  |  |
| Medication Name & Dosage |  |  |
| Frequency |  |  |
| Other |  |  |

Medical Conditions

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| Please describe any medical condition that may impact pet sitting or training: |

Exercise – Pet sitting fees include a 30-minute walk or two 15-minute walks per day.

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| Level of Activity:  High  Medium  Low |
| Routine schedule of exercise: |
| Leash-walking gear used: |
| Leash-walking behavior and instructions: |
| While leashed, does your pet lunge at:  Nothing Cats  Bicyclers  Joggers  Other Dogs  Cars  UPS Trucks  Motorcycles Other: |

**Off-leash instructions**: I prefer not to take pets off-leash because of potential dangers that may be beyond my control. Pet parents often have greater peace of mind if we forgo off-leash activities while they are away. Dog Park training may be included upon specific request. Dog socialization with other dogs, if appropriate, on walks is included.

Manners and Training

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| Housetraining Errors:  Yes  No If yes, please explain the frequency and context: |
| My pet knows:  Sit  Wait/Stay  Come  Down  Other: |
| Training Methods Used in the Past:  Positive Reinforcement  Correction  Combination |

Training Requests and Extras

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| Training: Please list a couple of training skills you would like us to work on:  1.  2. |
| Extra 30-minute walks are $25/day.  Yes  No  Field Trips: Errands, groomer appointment, other are $40/day.  Yes  No |

Human Aggression

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| --- |
| My Dog:  Loves People  Can Take ‘Em or Leave ‘Em  Is Selective When Making Friends  Does Not Care For People That Much |

Dog/Dog Aggression and Reactivity

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| --- |
| My Dog:  Loves other dogs  Can Take ‘Em or Leave ‘Em  Is Selective When Making Friends  Does Not Care For Other Dogs One Bit! |

Resource Guarding

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| Does your pet guard:  Food  Rawhides  Bones  Toys  You  Space  Other: |
| Does your pet guard from:  People  Other Pets |
| What happens if you try to take a high value item from your dog?  Nothing  Snarl  Growl Air Snap  Bite  Other: |

Bite History

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| --- |
| If your pet has a bite history to a person or animal please describe what happened. Was it airsnap, scrape, blood drawn, puncture, hold and thrash, multiple bite wound? |
| Mouthy? Under what circumstances? |
| Does your dog display any aggressive-type behaviors that you can describe? |

Fear, Anxiety and Dislikes

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| --- |
| Please Describe: |

Favorite Things and Activities

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| --- |
| Favorite toys, treats or activities that will help us to have the most enjoyable and least stressful visit possible: |

Dos and Don’ts

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| --- |
| My pet is allowed to: |
| My pet is not allowed to: |

Home Alone and Separation Anxiety

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| How many hours per day is your dog comfortable being left alone in the house?  Average number of hours\_\_\_\_\_\_\_\_  Maximum number of hours \_\_\_\_\_\_\_\_\_ |
| Please describe any symptoms of separation anxiety your dog may display: |

Cautionary Notes Regarding the House

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| --- |
| Are there cautionary notes per your house I should be aware of? |

House Information

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| Garbage take-out/pick-up information: |
| Mail Pickup: |
| Poop – Pick up/Disposal instructions |
| Plant care. I prefer to leave major landscaping care to the landscapers, or automatic sprinklers, if possible. |
| Please provide indoor plant care instructions, if needed: |
| Housekeeper? Date of arrival and key instructions if any: |
| Pool maintenance: |
| Laundry: I prefer to leave this to the housekeeper, unless by special request you need quest room sheets changes, then I can do that for you, of course. |
| Other: |

Car Instructions

If I will be transporting your pet, per your instructions, I would prefer to use your dog car. I am fully insured with 21st Century Automobile Insurance

Organization of Dog Items

Please leave your pet items in one location, such as: the corner of a kitchen counter, safely away from the dog, so I may find them easily. These items should include:

* Authorization for Veterinary Services form signed
* Medications/Supplements
* Treats
* Leashes/Harnesses
* Brush
* Poop bags
* Housetraining clean up solvent, Anti-Icky Poo preferred.
* Whatever you think I may need close on hand. Thank you very much.

Please email me upon your return so I can rest assured your dogs have their pet parents close at hand. Otherwise I will worry about them. Thank you.

If you would like us to go dog shopping, please leave a discretionary fund ($50 or more). I know quite a bit about the latest doggie items, safe treats, bones and toys that can make training go smoother and life for us more enjoyable for you and your dog.

P.S. Your snack food is not entirely safe with me in the house! I can replace any items with like items if you wish. Please let me know your thoughts and comments on this subject.

*For your protection and mine, your property, pets, and keys are fully insured. However, if your yard is not sufficiently fence secured, although I will try my best to bring your pet home if he/she escapes, I cannot take responsibility or the escape. Also, I will make every effort to protect your property, but if your pet soils or chews, I cannot be responsible for any damage your pet may cause your property, floors, or carpeting. I will try my best to see that no damage occurs.*

Bon Voyage!

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**Linda Michaels MA, Victoria Stilwell Positively Dog Training**

**LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT**

The undersigned on behalf of any and all participants authorized or permitted to attend any lessons or review training suggestions or articles, agrees to defend, indemnify and hold harmless Linda Michaels MA, Victoria Stilwell Dog Training and Linda Michaels and agents from all liability and damages for any claim, loss, or injury which may occur or may be alleged to have occurred to any person, animals, or property arising from or related to training, consultations, suggestions or lessons. The trainer reserves the right to refuse training to any dog that is obviously sick, abused, neglected, or overtly aggressive. Furthermore, the dog owners agree that non-compliance with the recommendations of Linda Michaels MA, Victoria Stilwell Dog Training, additionally constitutes non-liability to the trainer.

Trainer cannot guarantee any individual dog’s ability to learn and/or understand training cues or signals or to desensitize to feared or aggression triggers, or compliance on the part of the Client.

The Client agrees that Linda Michaels MA, Victoria Stilwell Dog Training and Linda Michaels, a sole proprietor, its owners, officers, employees and agents, hereafter referred to as the “RELEASED PARTIES”, will not be liable for any injury, death or property damage resulting from the training, counseling, or advice supplied to Client.

**Acknowledgement of Risk:** Client is aware of the present and continuing inherent risks of injury, death, and property damage to Client, Dog, and persons and dogs of some third party that are involved, and those not involved, in the activity of training, including without limitation risks due to dog bite or infectious disease. Client acknowledges that the Dog’s behavior now and in the future is solely Client’s responsibility. Client is voluntarily engaged in training as an activity with knowledge of the known risks and other risks that may result from Dog’s participation in training, including but not limited to injury, death, or property damage from disease, stray dogs, running away, other dogs in training, other animals, or injury, death, or property damage caused by Dog to other dogs, animals or persons.

**Assumption of Risk:** If Dog causes property damage, or bites or injures any dog, animal or person, including but not limited to the RELEASED PARTIES, during or any time after the date of this Agreement, Client agrees to assume full responsibility and liability for any injury, death or property damage, and Client agrees to pay all resulting losses and damages suffered or incurred, and to defend, indemnify, and hold harmless the RELEASED PARTIES from any and all resulting claims, demands, lawsuits, losses, costs of expenses, including attorney’s fees.

**Release of Liability:** Client releases RELEASED PARTIES from all liability to the Client, and Client’s representatives, guardians, successors, assigns, heirs, children, and next of kin for all liability, claims, damage, or demands for personal injury, death, or property damage, to the Client or to the Client’s dog or dogs, arising from or related to this Agreement or to participation in training, whether the injury, death, or property damage occurs on or off the training site.

**Knowing and Voluntary Execution:** Client acknowledges that he or she has carefully read this Agreement, understands its contents, and understands that this Agreement includes an assumption of the risk of Client’s Dog, and a release of the RELEASED PARTIES liability. The undersigned acknowledges that the RELEASED PARTIES are materially relying on this Agreement in allowing the Client to participate in the activity of training.

Client acknowledges that Trainer has not represented, promised, guaranteed or warranted that Dog will never bite, that Dog will not be dangerous or vicious in the future, that Dog will not exhibit other behavioral problems, or that the results of the training will last for any particular amount of time. This Agreement may be amended only by a written instrument signed by both Client and Trainer.

Dog(s) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M or F Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color/Markings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Owners (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owners\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_Your electronic signature and return of this assessment constitutes your agreement to the above document of non-liabilty.

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