



**Getting To Know All About You - Consultation Form and Service Contract ©2008**

**PLEASE DOWNLOAD, COMPLETE AND PRINT OUT THIS QUESTIONNAIRE PRIOR TO COMPLIMENTARY CONSULTATION**

**Contact Information**

<b>Today's Date:</b>	
<b>Dog(s) Name (Please list any other pets, too)</b>	
<b>Number of Pets at This Home&amp; Description</b>	
<b>Name of Human(s)</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Work Phone:</b>	
<b>In the event of an emergency which of your phone numbers shall we call first?</b>	<b>Work</b> ..... <input type="checkbox"/> <b>Cell</b> ..... <input type="checkbox"/> <b>Vet</b> ..... <input type="checkbox"/> <b>Other Contact</b> ..... <input type="checkbox"/>
<b>Do you have an alarm system that we will need to disarm? If so, what is the code for entering your home? (Naturally, this information will be hidden and confidential.)</b>	<b>Yes</b> <input type="checkbox"/> <b>or</b> <b>No</b> <input type="checkbox"/> <b>Location of key pad:</b> <b>CODE:</b> <b>PASSWORD:</b> (If possible we recommend offering HDD its own code "0593" and password "dogs")
<b>What is the name and 24-hour phone number of your security company?</b>	<b>Name:</b> <b>Phone:</b>
<b>Emergency Contact-A Neighbor: (Name and Number)</b>	
<b>Veterinarian: (Name and Number)</b>	
<b>Emergency, After Hours Veterinarian / Clinic: (Name and Number)</b>	
<b>Home Address: City, State, Zip:</b>	<b>Address</b> _____  <b>City</b> _____ <b>Zip</b> _____
<b>Email Address:</b>	
<b>Learned of HDD/Referred by:</b>	

I affirm that the above is true and correct:

Signed (please initial): \_\_\_\_\_ Date: \_\_\_\_\_

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**Profile of Your Dog(s): Style**

<b>Breed / Species:</b>	
<b>Date of Birth:</b>	
<b>Color:</b>	
<b>Special Markings:</b>	
<b>Gender:</b>	Male <input type="checkbox"/> or                      Female <input type="checkbox"/>
<b>Dog is Spayed/Neutered</b>	Yes <input type="checkbox"/> or                      No <input type="checkbox"/>
<b>Name and phone of :</b>	<b>Groomer:</b> <b>Other pet sitter/dog walker:</b> <b>Breeder/Adoption Agency:</b>

**Profile of Your Dog(s): Healthy Pet, Happy Pet**

<b>Shots and all Required Immunizations Are Current</b> <i>Dogs:</i> For the health of your pet, we require current vaccinations for common contagious diseases. Dogs must be protected against distemper, parvo and corona viruses (often given as a DHPP or DHLPPC), bordetella and rabies. Your pet's vaccinations must be current prior to pup's outings with us. Others if recommended by your vet	Yes <input type="checkbox"/> or                      No <input type="checkbox"/> We cannot invite dogs to play  Dog License Number & Corresponding County: _____ <i>*For dogs who will be enjoying trail walks: Current Rabies Certificate copy and License are required by the trail authorities/EBRPD –please attach copies, thank you</i>
<b>Does your dog wear an identity tag? *Please note we require all dogs to have external ID (tags)</b>	Yes <input type="checkbox"/> or                      No <input type="checkbox"/>
<b>Does your dog have a microchip identity implant?</b>	Yes <input type="checkbox"/> or                      No <input type="checkbox"/>
<b>Brand of Food and Quantity: Where is the pet food stored in your home?</b>	
<b>Can your dog eat with other like pets in your home? Or must he/she eat in isolation? Feeding Time(s)</b>	
<b>Is your dog currently on any medication or food supplements? (If so, please list type and dose.)</b>	Yes <input type="checkbox"/> or                      No <input type="checkbox"/> If yes, description:
<b>Are we allowed to offer food treats (e.g. biscuits)? How many per day? Specific brand?</b>	Yes <input type="checkbox"/> or                      No <input type="checkbox"/>

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**Profile of Your Dog(s): Choosing the Right Dog Fun**

<b>Services Requested/Interested In:</b>	Solo Walks (approx 30 minutes) Group Walks (approx 50 minutes to 2 1/2 hours) Overnight Care Vacation Pet and Home Care (visits per 24 hour period) Scrubby Dog
<b>For Daily Walks, Select Days and Times Preferred</b> (Group walks are held primarily between 11-2 M-F with 50 mins. Walk plus travel time. Solo walks are at least 30 minutes.	M      T      W      TH      F  Range of Collection and Return Time: Human leaves home usually:      Human Returns:
<b>Type of walks:</b>	On Leash <input type="checkbox"/> or      Off leash* <input type="checkbox"/> For off leash walks we visit dog trails and sometimes dog parks
<b>Where is your dog's leash kept?</b>	
<b>Would you like us to take your dog on off-leash trail walks (away from traffic) and if so release us fully of all liability from the inherent risks of off-leash fun? Obviously safety is our main concern and we will protect your pup as well as is possible. * On-leash local walks are the safest kind and are highly recommended.</b>	<b>Yes Now <input type="checkbox"/></b> or <b>No <input type="checkbox"/></b> <b>Yes When Trained <input type="checkbox"/></b> Please note that additional risks of exposure to poison ivy/oak and fox tails and other plants, wildlife, mud, dirt, feces and other plants are avoided to the best of our ability. If you do not want us to take your dog on trail walks during high poison oak/ivy season, then we will offer neighborhood leash walks (which still provide enough activity for your dog to be well-exercised). We work to keep your dog from ingesting grass, still bodies of water or other found temptations, but these are also inherent risks. Also dogs can bite or get hurt when running and playing no matter how diligent we are.
<b>What parks, trails or areas is your dog accustomed to enjoying?</b>	
<b>Does your dog play well with other dogs?</b>	<b>Yes <input type="checkbox"/></b> or <b>No <input type="checkbox"/></b> or <b>N/A <input type="checkbox"/></b>
<b>Will your dog enter a car with other dogs and be non-aggressive?</b>	<b>Yes <input type="checkbox"/></b> or <b>No <input type="checkbox"/></b>
<b>Will your dog easily go into a crate in a car?</b> Do you authorize to place your pet in our cars uncrated?	<b>Yes <input type="checkbox"/></b> or <b>No <input type="checkbox"/></b>
<b>Does your dog safely allow people to take balls and other toys out of his/her mouth?</b>	<b>Yes <input type="checkbox"/></b> or <b>No <input type="checkbox"/></b> or <b>N/A <input type="checkbox"/></b>
<b>Do we have your permission to take your dog's favorite ball or toy outside the house for play?</b>	<b>Yes <input type="checkbox"/></b> or <b>No <input type="checkbox"/></b>
<b>Please note the following activities that your dog adores (favorite forms of affection and exercise):</b>	<b>Cuddling.....<input type="checkbox"/></b> <b>Ball retrieving.....<input type="checkbox"/></b> <b>Walking.....<input type="checkbox"/></b> <b>Other (List Here)</b>
<b>Are there any medical or physical conditions (such as wheezing)? Food, Plant or other Allergies?</b>	<b>Yes <input type="checkbox"/></b> or <b>No <input type="checkbox"/></b> <b>If yes, description:</b>

I affirm that the above is true and correct:

Signed (please initial): \_\_\_\_\_ Date: \_\_\_\_\_

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***Profile of Your Dog: Behavior and Wow! What a Purrrrsonality!***

<b>Has Your Dog Had Formal Behavioral Training? If so, "name of trainer?"</b> HDD uses the positive method and supports your humane style of training.	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
	Trainer or School's Name: _____		
<b>Commands Known: Sit?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
<b>Stay?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
<b>Come?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
<b>No?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
<b>Good?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
<b>Bad?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
<b>Call by name?:</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
<b>Other: (Release, Down, etc.)</b>	_____		
<b>Has your dog ever attacked or bitten another dog?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/> or N/A <input type="checkbox"/>
<b>Has your dog ever attacked or bitten a human?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/> or N/A <input type="checkbox"/>
<b>Please note any behaviors that make your dog feel unsafe:</b>	New people <input type="checkbox"/> Feeding treats by hand <input type="checkbox"/> Interactive play with dog toy <input type="checkbox"/> Other (List Here). _____		Entering the front door <input type="checkbox"/> Other animals <input type="checkbox"/> Children <input type="checkbox"/>
<b>Does your dog try to dash out the door when it is opened?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>

***Profile of Your Dog: Your Home and Your Pet's World***

<b>Does your dog have access to the outdoors throughout the day?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>	or	N/A <input type="checkbox"/>
<b>If so, is the outside access via a cat/dog door?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>	or	N/A <input type="checkbox"/>
<b>If your dog has access to the outdoors throughout the day, is the area completely enclosed and safe?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>	<b>FOR THE SAFETY OF YOUR DOG(S) PLEASE PUT COMBINATION LOCKS ON ALL GATES !!!!</b>	
<b>I, the client, remove all liability from Hot Diggity Dog if our pet(s) has free access to the outdoors.</b>	Yes <input type="checkbox"/>				
<b>Does your dog ever urinate or relieve him/herself indoors?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>		
<b>If your dog has an 'accident' and urinates, do you authorize us to attempt to remove any stains or soiling with your products (soda water, carpet/upholstery cleaners)?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>		
<b>Are there areas of your home where your dog is not allowed to roam freely?</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>		
<b>Do you have an outdoor garbage can that we have permission to dispose your dog's waste into? Dates of</b>	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>	<b>Location:</b> _____	
	Days garbage is collected? _____				

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<b>collection? Location of garbage?</b> Please note that we promote recycling: Please save newspaper and shopping plastic bags for us to use in collecting and disposing your dog's waste.	Recyclables?
<b>If it is exceptionally hot and we determine that your dog needs cooler air inside, do we have your permission to:</b> (Please check those you grant us permission to use. Also, please note that we will not be liable for any expenses or damage due to ill-maintained fans or cooling systems nor for any unauthorized entry to your home that occurs via the open window that you authorize us to leave open.)	Turn on air conditioning? ..... <input type="checkbox"/> Turn on Fan?..... <input type="checkbox"/> Open a window?..... <input type="checkbox"/> <b>If yes, which window</b>
<b>If your dog returns from a walk wet and or muddy from rain, what measures would you like us to take to protect your home from being soiled? (Please make towels or rags accessible to us.)</b>	List Here:
<b>Would you like us to collect your mail and newspapers? If so, where shall we place it for you?</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/> Mail box location:
<b>Would you like us to turn on/off lights? Do you have your lights on timers? Outdoor motion lights?</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/> Timers on which lights?
<b>Do you have indoor plants you would like us to be water while you're away?</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Where do you keep your vacuum?</b>	

**Profile of Your Dog: Safety**

<b>Will you be providing us with a house key to enter your home today?</b> Please note that for your security these keys will be marked in code only. Your corresponding address will be kept separate. <b>For safety purposes we request 3 keys per each lock please!</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/> <b>Number of locks</b> <b>Number of keys given:</b> If you have additional locks/deadbolts that you rarely use but could prevent us entering even with your given keys PLEASE let us know of an alternative entry. If we are not able to enter due to client's fault, we will enter at client's expense (i.e. locksmith, etc.) to care for pets.
<b>If anyone else has access to your home or garden at the same times we do, will you release us from liability for any damage that could result from the other parties' negligence?</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/> <b>(Please describe: Is this a relative, cleaning staff, gardener etc.)</b>
<b>Where are the two main exits to your home?</b>  <b>Where is the fuse/electrical box located?</b>	
<b>Do you give <u>STEVE/ELISA ARMKNECHT</u> of Hot Diggity Dog and their assistants permission to enter your home for the sole purpose of caring for your pets (and for performing additional services as requested)</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/>

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Do you authorize <b>STEVE/ELISA ARMKNECHT</b> of Hot Diggity Dog and their assistants to bring a trusted escort to the front entrance of your home (for safety purposes e.g. nighttime) at the time of the visit?	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
Do you agree to take full responsibility for purchases (such as pet food or paper towels and necessary bathing) necessary for the satisfactory performance of duties?	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
Do you authorize Hot Diggity Dog and its assistants to take your dog to your vet or to an after-hours emergency vet clinic in the event of an emergency, and in doing so take full financial responsibility for all expenses incurred?	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
If you request we taxi your dog to a pre-arranged appointment with your vet or groomer, do you authorize Hot Diggity Dog and its assistants to 'sign' for services rendered and take full financial responsibility for all expenses incurred?	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
Do you authorize Hot Diggity Dog and its assistants to drive in their respective cars for the purpose of transporting your dogs to the vet, groomer, recreational areas and other pet errands as requested by you or recommended by us?	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>

**Agreement and Terms of Service**

Do you give us permission to photograph your pets and use their first names for our pure enjoyment, files, for use on our web site and other HDD materials? Please attach a photo of you and your dog and other pet(s) for our files.	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
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I, client, agree to take full responsibility if my dog(s) harms another dog(s) or human being(s). (HDD makes every effort to keep everyone safe.)  
 I, the client, understand that this Consultation Form serves as our formal business contract.  
 I, the client, understand that there is a 24-hour visit cancellation policy for single visits 48 for vacation visits lasting more than 2 days, and for full Termination of Contract.  
 I, the client, understand that all services must be prepaid in cash or check unless monthly service is scheduled.  
 Checks may be made payable to Steve/Elisa Armknecht or Hot Diggity Dog Premium Pet Pampering

*This contract is valid until either party modifies or cancels the contract, in writing, and in doing so provides at least 2 days advance notice of any changes. By signing this contract you agree the above is true and will be fully liable if your dog attacks or injures another human, dog or other pet or damages your home.*

**We both agree to the above terms and conditions:**

\_\_\_\_\_  
 Steve/Elisa Armknecht  
 Owner, Hot Diggity Dog Premium Pet Care

\_\_\_\_\_  
 Client  
 (Signature and Date)

*Thank you for the opportunity to serve you and your pet! -Steve/Elisa Armknecht*

I affirm that the above is true and correct:

Signed (please initial): \_\_\_\_\_ Date: \_\_\_\_\_

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