



BARKSLEY
DOG WALKING & PET SITTING

Pet Information

Owner Full Name: _____

Pet's Name: _____ DOB: _____ Sex: _____

Species: ☐ Dog ☐ Cat Breed: _____ Color: _____

Known Allergies: _____

Current Medications: _____

List any medical diagnoses or surgeries: _____

How long have you owned the pet? ☐ Since a puppy/kitten ☐ _____

Has the pet ever bitten another person or animal? ☐ No ☐ Yes, explain _____

Does the pet have a history of aggression or have any fears/phobias/triggers? ☐ No ☐ Yes, explain _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Veterinary Release

Veterinary Hospital: _____

Phone: _____ Address: _____

I, the Owner, hereby authorize the attending veterinarian to provide medical care and treatment for my pet, named above, and I accept full responsibility and liability for all fees and charges incurred in the treatment of my pet.

The dog walker/pet sitter Abby Schoenfeld, or any representative on behalf of Barksley, LLC ("Barksley"), is authorized to transport my pet to and from the veterinary hospital for treatment or to and from an emergency veterinary hospital, if deemed necessary. If Owner cannot be reached in case of an emergency, Barksley shall act on Owner's behalf to authorize any treatment excluding euthanasia.

Owner's Signature

Date