

# *Mountain Wags*

Denver, CO 80205

Phone: 720.308.1566

Email: [mountainwags@gmail.com](mailto:mountainwags@gmail.com)

## Dog Walking/Pet Sitting Client Agreement

### **Pet Parent Information:**

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Name:

Spouse / Partner:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Work Phone 2

Email:

Email 2:

Vet's Name:

Vet's Phone:

Okay to take pet(s) to vet in the event of an emergency? Y / N

Okay for pet (s) to be admitted in case of an emergency? Y / N

Emergency Contact:

Home Phone:

Cell Phone:

Vacation Emergency #'s:

How did you hear about Mountain Wags?:

Personal Referral Name:

**House Information:**

Which door will we use to enter your home?

Any difficulties?

Do you have an alarm system?

Alarm pad location?

Code / Instructions?

Contractors/housekeepers/visitors?

Where are your cleaning supplies kept?

**What else can we help you with?**

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Mail            Y / N            Where would you like it stacked?

Papers        Y / N            Where would you like them placed?

Water Plants   Y / N            Locations?

Lights on/off   Y / N            Locations?

Is there anything else we should know so that we can best care for your home?

**Tell us about your pet**

Pet #1

Name: Breed: age:

Sex: M / F Spayed/Neutered: Y / N

Markings: Color:

Are Vaccinations up to date? Y / N

Health issues/ allergies?

Where does he/she stay during the day?

Where does he/she sleep at night?

What type of exercise is required? Walk? Backyard play? Both?

30-minute jog? Half / All day hike?

Where do you store the food?

Where does the pet eat?

Where do you store leashes / supplies?

Where is the litter box kept?

Is your pet afraid of anything?

Any aggression issues?

**Feeding Routines**

Time: Brand: Amount:

Any medications? Y / N When?

Are treats OK? Y / N Can we give our treats? Y / N

**Tell us about your pet**

Pet #2

Name: Breed: age:

Sex: M / F Spayed/Neutered: Y / N

Markings: Color:

Are Vaccinations up to date? Y / N  
Health issues/ allergies?

Where does he/she stay during the day?

Where does he/she sleep at night?

What type of exercise is required? Walk? Backyard play? Both?

30-minute jog? Half / All day hike?

Where do you store the food? Where does the pet eat?

Where do you store leashes / supplies? Where is the litter box kept?

Is your pet afraid of anything?

Any aggression issues?

### **Feeding Routines**

Time: Brand: Amount:

Any medications? Y / N When?

Are treats OK? Y / N Can we give our treats? Y / N

**[Payment for overnight pet sitting is due in advance of service]**

We accept cash or check  
Please make checks payable to Emily Brown

**Description**

We provide dog walking, jogging, hiking, & pet sitting in and around Denver, CO.

\$15 for a 45 minute walk

\$19 for a 30-minute jog (for high energy, athletic dogs).

\$32 for an all day hike

\$35 for overnight pet sitting

**Email**

mountainwags@gmail.com

**Daily Visits Schedule**

<b>Time</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
8:00AM							
8:30AM							
9:00AM							
9:30AM							
10:00AM							
10:30AM							
11:00AM							
11:30AM							
12:00PM							
12:30PM							
1:00PM							
1:30PM							
2:00PM							
2:30PM							
3:00PM							
3:30PM							
4:00PM							

Days of the week: Fill in slot with a “X”

\*Early morning or late night times are available upon request\*

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