



For Paws Agreement for Training and Pet Sitting

Date of Interview/Evaluation: _____

Owner/Parent: _____ **Phone:** _____

Address: _____

Email Address: _____

Pets Name: _____ **Breed:** _____

Approximate Age-Month/Year: _____

Color/Markings: _____ **Weight:** _____

Spay/Neutered & Date: _____

Veterinarian: _____ **Phone:** _____

Address: _____

Emergency/Contact Numbers: _____

Medical History and issues: _____

Medications/Supplements/Special Diet Needs: _____

Vaccinations: _____

Number of feeding per day: _____ **Type of food:** _____

Treats per day: _____ **Number of walks per day:** _____

Number of walks per day: _____ **Dog Park Nature Trails:** _____

Always collared and on lead: _____ **Good with other animals/people:** _____

Microchip: Yes - No **Date of Implant:** _____ **Chip ID:** _____

Pet Sitting Agreement

Dates of stay/boarding and Training: _____

Cost For Service

Per day stay/boarding cost: _____

Training cost: _____

Total for training and boarding: _____

Additional days of boarding cost per day:

*Owners must notify "For Paws" of extended stay prior to agreed date and time of picking up their pup

*This agreement for pet sitting and training is between For Paws Pet Care and Canine Obedience Training and the Owners/Parents of the dog listed on page one and owners signatures at the bottom of this page

*The agreement is for the dates listed above. (Additional dates and time can be extended on this agreement only if For Paws Pet Care is notified in advance of dates and times needed)


Owners/Parents signature: _____

Date: _____


For Paws Pet Care Signature: _____

Date: _____

Jim Devenny (859) 802-6076
Certified Canine Obedience Instructor/Trainer
For Paws Canine Obedience Training

Red Cross cat - dog first aid/CPR 
Tester/Observer for Alliance of Therapy Dogs

Marilyn Devenny (859) 380-2695
For Paws Pet Sitting for Cats and Dogs

Red Cross cat - dog first aid/CPR 
LPN