

# Pet Vacations Reservation Form

- 1) You can fill out this Reservation Form in one of two ways; by hand or digitally using Adobe Acrobat Reader DC.
- 2) If filling it out by hand, once you are done, you will then need to scan and save the Reservation Form with your entered information. It is recommended that you include the date and your last name as part of the file name. After doing that skip to Step 8.
- 3) In order to fill it out digitally, you need Adobe Acrobat Reader DC installed on your device (laptop, desktop, notebook). If you don't have Adobe Acrobat Reader DC, you can download it from here; <https://get.adobe.com/reader/>
- 4) Use Adobe Acrobat Reader DC to open the Reservation Form.
- 5) In the tool bar on the right-hand side of your screen, click on the icon for "Fill out & Sign". Double click in each location where you want to input information and type it in. "Type text here" will appear. If a blue field appears, try clicking once more.
- 6) If the question asks for a YES or NO answer, position cursor over the answer and double click. Then click on "..." and select the checkmark.
- 7) Once you are done, save the Reservation Form with your entered information. It is recommended that you include the date and your last name as part of the file name.
- 8) Email the completed form as an attachment to Pet Vacations; [petvacation@earthlink.net](mailto:petvacation@earthlink.net)

New Client: YES NO

Client Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

This emergency contact is someone who could take the pet(s) in the unlikely event that the Pet Vacations caretaker can't continue as scheduled and no other Pet Vacations caretakers are available to take the pet(s).

Type of Service:

Boarding in a Caretakers Home: YES NO

Boarding in the Pets home (Housesitting): YES NO

Dog Walking: YES NO

Cat Visitation: YES NO

House Sitting: YES NO

Doggie Daycare: YES NO

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Preferred Caretaker (if known): \_\_\_\_\_

Furbaby # 1

Name: \_\_\_\_\_

Dog / Cat: \_\_\_\_\_

Breed: \_\_\_\_\_

Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Male / Female: \_\_\_\_\_

Neutered / Spayed: YES NO

Personality: \_\_\_\_\_

Likes dogs: YES NO

Likes cats: YES NO

Likes kids: YES NO

Any bad habits? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe leash behavior (ex: easy walker, pulls, reactive, etc.)

\_\_\_\_\_

\_\_\_\_\_

Special harness/collar: YES NO

Aggressive: YES NO

Comments: \_\_\_\_\_

Marks indoors: YES NO

Accidents in house: YES NO

Socialized: YES NO

Plays well with: \_\_\_\_\_

Level of activity: \_\_\_\_\_

Pet alone during the day? YES NO

Where does pet sleep? \_\_\_\_\_

Where is the pet allowed (ex. Furniture, bed, etc)? \_\_\_\_\_

Brand of Food: \_\_\_\_\_

How much & when: \_\_\_\_\_

Do you feed treats and/or scraps (table food): YES NO

Name of Vet: \_\_\_\_\_

Vet's Phone: \_\_\_\_\_

Vaccinations current: YES NO

Pet on a flea program: YES NO

Health concerns: \_\_\_\_\_

Medications and their schedule: \_\_\_\_\_

Additional Comments / Questions / Who Referred You: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continue to next page if you have another furbaby 😊

# Furbaby # 2

Name: \_\_\_\_\_

Dog / Cat: \_\_\_\_\_

Breed: \_\_\_\_\_

Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Male / Female: \_\_\_\_\_

Neutered / Spayed: YES NO

Personality: \_\_\_\_\_

Likes dogs: YES NO

Likes cats: YES NO

Likes kids: YES NO

Any bad habits? \_\_\_\_\_

\_\_\_\_\_

Describe leash behavior (ex: easy walker, pulls, reactive, etc.)

\_\_\_\_\_

Special harness/collar: YES NO

Aggressive: YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

Marks indoors: YES NO

Accidents in house: YES NO

Socialized: YES NO

Plays well with: \_\_\_\_\_

Level of activity: \_\_\_\_\_

Pet alone during the day? YES NO

Where does pet sleep? \_\_\_\_\_

Where is the pet allowed (ex. Furniture, bed, etc)? \_\_\_\_\_  
\_\_\_\_\_

Brand of Food: \_\_\_\_\_

How much & when: \_\_\_\_\_

Do you feed treats and/or scraps (table food): YES NO

Name of Vet: \_\_\_\_\_

Vet's Phone: \_\_\_\_\_

Vaccinations current: YES NO

Pet on a flea program: YES NO

Health concerns: \_\_\_\_\_  
\_\_\_\_\_

Medications and their schedule: \_\_\_\_\_  
\_\_\_\_\_

