

Charlene's Pet Sitting Service, Inc.

Loving Care in Your Home or Ours

4365 Skippack Pike, Skippack, PA 19474

Phone: 610-584-5900 Fax: 610-584-5916

Thank you for your recent inquiry about Ruff and Tumble or Kitchen Kids Doggie Day Care.

Our Day Care is for dogs that want to play hard and have fun. Dogs attending must be healthy, sociable and familiar with group play. Charlene's Pet Sitting Service is committed to providing a safe, fun and stimulating environment for your dog during weekday business hours. During daycare your pet will not be crated or kenneled for long hours, but will enjoy supervised playtime with other dogs in various indoor and outdoor play yards, to be a dog and get tired! The staff has many years of hands on experience in canine training, behavior management and group play.

RUFF AND TUMBLE participants are medium to large breed dogs, usually over 6 months of age, and ready to be outside burning off excess energy with others of their kind. They are offered fresh water, play toys and wading pools in our completely fenced play area. On inclement days these dogs play in side, under constant supervision of our knowledgeable staff. Nap time is held in our climate-controlled indoor area, all dogs are crated individually from noon to 2pm

KITCHENKIDS program is designed for dogs that will do better in a quieter, gentler play environment. Toy breeds, small breed dogs, or puppies starting at twelve weeks of age can stay in our home-like office area where they will receive all the playtime and attention they need. When weather conditions allow they will spend time outside in the play yards.

Enclosed, you will find information and forms you need to register your pet for our services. There is a one-time, \$10.00 non-refundable application-processing fee for each pet. All dogs start with a five-day trial package, which costs \$125.00. After the initial trial period, we offer a pre-paid ten-day package for \$200.00, which can be used at your discretion. Or, you could choose to pay \$23.00 per day for our "pay as you go" option.

To enroll, simply fill out the enclosed forms with a copy of your dog's Rabies Certificate, PA License Certificate and proof of Vaccines. Then call us at Charlene's Pet Sitting Service, (610) 584-5900 to schedule your enrollment interview. Please bring your dog, proof of vaccinations (rabies, bordatella/kennel cough vaccine, and a flea control product are required), the enrollment forms completed to the best of your ability, and a \$10.00 check or money order. It is requested that all dogs over the age of 6 months be spayed or neutered, and all dogs over three months of age must have a PA Dog License.

- **DOG WALKING SERVICES** are available on days that your dog is unable to attend daycare.
- **GROOMING** services are available for dogs under 40 lbs. Monday – Friday, you can schedule your appointment on a day care day and pick up a clean fresh pooch at the end of the day.
- **TRAINING CLASSES** beginner through advanced and in your home private training is available.

If you have any questions, please feel free to contact us at (610) 584-5900.

Our office is open Monday through Friday from 9:00 am to 5:00 p.m.

Ruff and Tumble Day Care hours: Monday - Thursday 7:00am to 6:30pm and Friday 7:00am to 6:00pm.

We look forward to seeing you and your pet.

Charlene Townsend

President ~ Charlene's Pet Sitting Service, Inc.

PET PERSONALITY PROFILE

General Information:

Owner's Last Name: _____

How did you hear about *Charlene's Pet Sitting Service*? _____

Dog's Name: _____ Date you acquired dog: _____

Dog's breed, sex and age: _____

Is dog spayed/neutered? Yes No If yes, at what age was this done? _____

Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's past history?

Can your dog be crated? Yes No Does your dog like children? Yes No

How does your dog behave around children? _____

Are there other animals in your household? Yes No

If YES, please list type, sex and age of each: _____

How does your dog get along with other resident animals? _____

Health/Grooming

Does your dog have a flea problem? Yes No

What flea prevention program do you use (e.g. Frontline)? _____

Next Administration Date? _____

Food Allergies? Yes No _____ Dietary Restrictions? Yes No _____

Environmental allergies? Yes No _____

Medications used to treat allergies? (Please list) _____

Does your dog have hip dysplasia? Yes No

If yes, what restrictions need to be placed on your dog's activities or movements? _____

Does your dog like to be brushed? Yes No

How does your dog react to having his/her nails clipped? _____ Does your

dog have any sensitive areas on his/her body? Yes No _____

Where are your dog's favorite petting spots? _____

Behavior

Does your dog act afraid of any specific items or noises? Yes No

If Yes, please explain: _____

How does your dog react to strangers coming into your home or yard? _____

Does your dog ever bark or growl at anyone passing outside your home or yard?

Are there any **kinds of people** your dog automatically fears or dislikes? Yes No

Are there any **kinds of dogs** your dog automatically fears or dislikes? Yes No

How does your dog react to puppies? _____

Has your dog ever: Growled at someone? Yes No

What were the circumstances? _____

Bitten someone? Yes No

What were the circumstances? _____

Does your dog have any problems in any of the following areas: (if so, please explain)

Mouthiness: _____

Barking: _____

Jumping: _____

House Training: _____

Digging: _____

Other: _____

Has your dog ever growled, or snapped at anyone who has taken his/her food, or toys away from him/her? Yes No

What were the circumstances? _____

Has your dog ever shared his/her food or toys with other animals? Yes No

Does your dog play with any toys? Yes No

If yes, what kind of toys does your dog like: _____

What games does he/she play?: _____ Will your dog destroy toys? Yes No

What type? _____

Does your dog play with other dogs? Yes No Where? _____

Has your dog ever attended a Dog Park or DayCare? Yes No

Has your dog had any formal obedience training? Yes No

When and where? _____

What commands does your dog know? _____

Other comments about your dog which you feel might be helpful:

Charlene's Pet Sitting Service
EMERGENCY CONTACT INFORMATION

Today's Date:

Owner Information

Name:

Address:

City/State/Zip:

Home Phone

Work Phone:

Cell Phone:

Emergency Contact

Name:

Address:

City/State/Zip:

Home Phone

Work Phone:

Cell Phone:

Veterinarian

Name:

Phone

Address:

City/State/Zip:

Pet Information

Name:

Breed:

Sex:

Spay/Neuter:

Birthday:

Weight:

FOR OFFICE USE ONLY

Emergency Contact Computer Entry _

Release Form
Folder Made

Personality Form Card Made

_____ First Day

Bordetella Renewal Date:

Frontline Renewal Date: