

Poochie's Pampered Pups
Client Transportation Release Form

Your Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____

Cell: _____ E-mail address: _____

Pick-up destination: _____

Cross streets: _____

Pick-up time preferred: _____ AM/PM

Drop Off Destination: _____

Cross streets: _____

Drop off time preferred: _____ AM/PM

We will try our best to accommodate your pick-up and drop off time request. Time may vary according to availability.

Price Each Way: _____ Price Round Trip: _____ Weekly Rate: _____

Monthly Rate: _____

Dog's name , breed and age

Special Instructions:

Does your dog(s) get motion sickness? Yes /No

Does your dog(s) need to be crated in the car? Yes/No

Does your dog(s) show aggression to other cars and /or people while driving? Yes/No

Will your dog(s) show aggression to other dogs in the car? Yes/No

If yes to any of the above please explain here:

As owner of the above said pet(s), I hereby give consent for pick up and/or drop off to Poochie's Pampered Pups. I also give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.

Signature: _____ Date: _____