



Care contract

Information of the owner/holder

Name:

Phone:

Email:

Address:

Name and phone number of backup person:

Dog

male female neutered

Name:

Breed:

Day of birth:

Weight:

Chip number:

Vaccinations valid:

Medication:

Allergies:

Feeding:

Other things to consider:

Playtime with other dogs: yes no visit done:

Dog is allowed to be free in a fenced outdoor enclosure.: yes no

Care center can take and use pictures and videos of the dog: yes no

I have read and I accept the terms of care contract:

Signatures

Date:

Customer:

SleepInn Oy: