

Agreement of care Information of the animal owner:

Signature	City/Date
I hereby confirm that the above inforr	nation is true and correc
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Your dog must be clean before delivery	n the morning.
Request from Walkingdogs:	
Other desires:	
(Medicines/special commands/diseases)	:
Specials:	
veterinary doctor:	
Name and phone nr. of the	
Is leash required?:	
ls free-run desired?:	
What's the retrieval command?:	
Is your dog reliably retrievable?:	
Is your dog hunting?:	
Date of birth:	
Species/breed: Name:	
Information about the animal:	
Phone/Mobile:	E-Mail:
Street:	ZIP/City:
Surname:	First name: