

Sit and Stay Pet Services - Pet Information

Please complete ONE Pet Information form per pet or litter.

Owner: _____ **Pet Name:** _____

Pet Type: Dog / Cat / Bird / other: _____ **Breed:** _____

Sex: M / F **Declawed:** Y / N **Neutered/Spayed:** Y / N **Age:** _____

Physical Description:

Feeding Instructions:

___ **DRY:** Brand: _____
Amount: _____
Where to feed: _____
When: _____

___ **WET:** Brand: _____
Amount: _____
Where to feed: _____
When: _____

___ **WATER:** Water will be cleaned and filled frequently.
Tap: _____
Bottled: _____
Filtered: _____

___ **TREATS:** Type: _____
Amount: _____
Location: _____

___ **MEDICATIONS:**
Type: _____
Amount: _____
Hide in treat: _____

Procedure: _____

Pet's Living Area:

Allowed Outdoors: Y / N Allowed indoors: Y / N

Allowed on furniture, counters, beds: Y / N

Restricted area while alone: Y / N, please specify:

Initial: _____

Sit and Stay Pet Services – Service Request

Client's Full Name: _____

Address of Service: _____

Contact number(s): _____

Pets: _____

Dates service is needed: _____

Start time: _____

End Time: _____

Daily Every other day Weekdays Weekend

Visits per day: _____ **Services needed:** _____

Payment method: Cash / Check ***50% due on booking and 50% upon completion*

Special Notes: _____

How may we reach you while you are away?

Phone: _____

Email: _____

Trip Description/ Hotel/Notes/ Visitors Expected:

How did you hear about Sit and Stay Pet Services? _____

Client/Owner Name (printed): _____

Signature: _____ **Date:** _____