

Miss Rachel's School For Dog's Pet Sitting Form

Owner Information

Pet Owner's Name: _____

Address: _____ Phone Number: _____

_____ E-mail: _____

Pet Information

Pet's Name: _____

Pet Type: _____ Pet Breed: _____

Pet Age: _____ Is your pet current on vaccinations? _____

Does this pet have any history of anxiety or aggression? _____

What kind of food does your pet eat? _____

How Much/How many times a day? _____

Pet's Name: _____

Pet Type: _____ Pet Breed: _____

Pet Age: _____ Is your pet current on vaccinations? _____

Does this pet have any history of anxiety or aggression? _____

What kind of food does your pet eat? _____

How Much/How many times a day? _____

Pet's Name: _____

Pet Type: _____ Pet Breed: _____

Pet Age: _____ Is your pet current on vaccinations? _____

Does this pet have any history of anxiety or aggression? _____

What kind of food does your pet eat? _____

How Much/How many times a day? _____

*Note: a \$5/day fee is added for each additional pet after the first three.

Emergency Contacts

(Emergency contacts make decisions on your behalf if you can't be reached. Must have a minimum of two)

Name: _____

Relationship to Owner: _____

Daytime Phone Number: _____

Evening Phone Number: _____

E-mail: _____

Name: _____

Relationship to Owner: _____

Daytime Phone Number: _____

Evening Phone Number: _____

E-mail: _____

Name: _____

Relationship to Owner: _____

Daytime Phone Number: _____

Evening Phone Number: _____

E-mail: _____

Veterinary Information

Office Name: _____

Vet's Name: _____

Vet Phone Number: _____

Health Information

Do any of your pets have allergies? _____

If so, what? _____

Are there any other special instructions for your pets such as walk times, potty times, treats, medications etc? (please try to be as detailed as possible) _____

How did you hear about us? _____

Please read and sign below:

I understand that Miss Rachel's School for Dogs is not liable for any damage caused to animals, people or property during visits/walks. I release Miss Rachel's School for Dogs from any liability caused by my dogs. I realize that Miss Rachel's School for dogs has the right to refuse or terminate services at any time. I understand that payment is required upon my return, and that after 5 days there will be late fees.

Signature: _____ Date: _____

