

## Comfy at Home Pet Sitting

Pet Information Disclosure

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**Owner:**

**Pet Name:**

Address:

Dog / Cat / \_\_\_\_\_

Phone #:

Breed: Age:

Phone #:

Sex: M / F Declawed: Y / N

Phone #:

Spayed or Neutered: Y / N

**Feeding Instructions:**

Feed apart from other pets/supervise     Dispose of uneaten food     Remove food after    Min

<input type="checkbox"/> <b>Dry</b> Brand: Amount: Instructions: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night		<input type="checkbox"/> <b>Wet</b> Brand: Amount: Instructions: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	
<input type="checkbox"/> <b>Medication(s):</b> Amt: Administer: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night		<input type="checkbox"/> <b>Medication(s):</b> Amt: Administer: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	
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**Emergency Information:**

**Vet Name:**

Phone:

Is your pet micro-chipped? Y / N

Pet Medical History / Allergies: (ongoing or reoccurring known illnesses/injuries)

**Emergency Contacts:**

Name:	Phone:	Phone:
Name:	Phone:	Phone: