

About Your Pet

If you have more than three pets, please attach additional information at bottom of sheet.

Pet names:

Pet 1.	Pet 2.	Pet 3.
--------	--------	--------

What is the color of your pet?

Pet 1.	Pet 2.	Pet 3.
--------	--------	--------

How much does your pet weigh?

Pet 1.	Pet 2.	Pet 3.
--------	--------	--------

What sex is your pet?

Pet 1. Male <input type="checkbox"/> Female <input type="checkbox"/>	Pet 2. Male <input type="checkbox"/> Female <input type="checkbox"/>	Pet 3. Male <input type="checkbox"/> Female <input type="checkbox"/>
--	--	--

What breed is your pet?

Pet 1.	Pet 2.	Pet 3.
--------	--------	--------

What is your pet's favorite toy?

Pet 1.	Pet 2.	Pet 3.
--------	--------	--------

What is your pet's favorite treat?

Pet 1.	Pet 2.	Pet 3.
--------	--------	--------

Are any of your pets on medication?

Pet 1. Yes <input type="checkbox"/> No <input type="checkbox"/>	Pet 2. Yes <input type="checkbox"/> No <input type="checkbox"/>	Pet 3. Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---	---

List of Medicines:

Pet 1: _____

Pet 2: _____

Pet 3: _____

General Pet Care Information

PLEASE NOTE: The utmost care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of any extraordinary or unusual nature (i.e. bitings, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death or fines of pet(s) with access to the outdoors.

Vet Preference: _____

Phone: _____

Pet File #: _____

Where do your pets stay most of the time during the day?

Inside Outside Both

Where do your pets stay during the night?

Inside Outside Both

Do you make special accommodations for your pet during bad weather? Yes No

If Yes, please explain what you do:
