

Comfort Zone Sitters -- Pet Information Form

Pet Name		Species	
Breed	Weight	Age	Color
<input type="checkbox"/> Male Neutered: Y / N		<input type="checkbox"/> Female Spayed: Y / N	
ID Tag	Tattoo	Microchip	
Pet Name		Species	
Breed	Weight	Age	Color
<input type="checkbox"/> Male Neutered: Y / N		<input type="checkbox"/> Female Spayed: Y / N	
ID Tag	Tattoo	Microchip	
Pet Name		Species	
Breed	Weight	Age	Color
<input type="checkbox"/> Male Neutered: Y / N		<input type="checkbox"/> Female Spayed: Y / N	
ID Tag	Tattoo	Microchip	
Please initial to verify that any and all applicable vaccinations and licenses as required by law are current:			
Notable Medical Information, Allergies, Phobias etc.			
MEDICATIONS			
Name	Dosage	How to Administer	

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FEEDING SCHEDULE

AM: Name of Pet Food _____ Size of Portion _____

PM: Name of Pet Food _____ Size of Portion _____

Name of Treats Allowed _____ Frequency _____

EXERCISE SCHEDULE

Activity _____ Frequency and Duration _____

Activity _____ Frequency and Duration _____

Location of suitable harnesses/collars for walks _____

Preferred time for walks _____

GENERAL INFORMATION

Has the pet ever bitten a person Y / N

Has the pet ever started a fight with or bitten another animal Y / N

Is the pet friendly towards children and adults Y / N

Name things your pet dislikes:

Name things your pet likes:

Favorite hiding place(s):

Favorite toy(s):

Restricted areas:

Additional information:

Garage/Door Code:

Owners Full Names:

I, the owner of the above listed pet warrant that the information contained herein is true and correct to the best of my knowledge.

Owner's Signature: _____ Date: _____