## Pet Sitting & Boarding Agreement Todays Date:\_\_\_\_\_



Pet Name:	Breed: Age: Female / Male
Owners:	_ Phone #1: Phone #2:
Address:	City: Zip:
Veterinarian:	Phone:
Veterinarian Address:	
Emergency Contact:	Emergency Phone:
Tell us about your pet!	Feeding & Medications
Approximate weight	Pet Food Name:
Coloring	Feed:Cup (s) Times per day
Neutered/Spayed	Medication #1:
Microchip/Tattoo	Instruction #1:
ID Tag/Rabies Tag	Medication #2:
Vaccinations Currant	Instruction #2:
Allergies	Treats okay?:
Has your pet ever bitten anyone?	
Yes / No	SERVICES IN OUR HOME
Has your pet started fights with anther animal? Yes / No	We treat your pets like family, they just live with us while you are away! 3643 W. Greenway Road, Phoenix AZ
Is your pet friendly towards chil-	Allowed on furniture? Crated at anytime?
dren, adults, visitors? Yes / No	Okay with other dogs? Okay when left alone?
Favorite activities & things:	When you drop off your pet please have them on a collar &
	leash. Have an extra 2 day supply of food and medications, in- case your trip is interrupted. Favorite toy, blanket, etc
By signing below you certify that your pet is currently in good	SERVICES IN YOUR HOME
health, temperament and has	Morning Afternoon/early evening
had no contagious diseases in the	
past 30 days, You also certify that your pet has not shown any	Scoop poop yard Feed fish
aggression towards any human or	
animal.	Pickup mail/newspaperGarbage to curb day
Cash, check or credit card	Alarm Code Info:
payment accepted upon your	
return. Credit card (\$1 fee added per day).	

Owner Signature:\_\_\_\_\_

Tips appreciated!