

# Companion Animal Wellness LLC

## Pet Sitting Client Registration Form

Your Information:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Is there an alarm system? YES NO if yes, the code is \_\_\_\_\_

Phones:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail: \_\_\_\_\_

Would you like to be added to our e-mail Newsletter list? Yes/No

Veterinarian Information (Local Vets Only)

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

After hours/emergency \_\_\_\_\_

Local Emergency Contact

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ daytime phone \_\_\_\_\_

evening phone \_\_\_\_\_

(Every effort will be made to visit the vet of your choice but this is not always possible due to scheduling/time of day, vet availability, etc.)

Pet #1

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Birthday \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ spayed/neutered? YES/NO

Micro Chipped? YES NO Identification Tags? YES NO

Allergies (food or otherwise) \_\_\_\_\_

\_\_\_\_\_

Medical Issues/medications (be specific) \_\_\_\_\_

\_\_\_\_\_

# Companion Animal Wellness LLC

Unusual Behaviors? \_\_\_\_\_

\_\_\_\_\_

Food Brand \_\_\_\_\_ Where is it located \_\_\_\_\_

Amount to feed \_\_\_\_\_ How often \_\_\_\_\_

Treats YES NO \_\_\_\_\_ Where are they located \_\_\_\_\_

Medications YES NO (if yes, fill out Medication Sheet)

Location of Leashes \_\_\_\_\_ toys \_\_\_\_\_ litter box \_\_\_\_\_

Describe the pets routine \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pet #2

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Birthday \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ spayed/neutered? YES NO

Micro Chipped? YES NO Identification Tags? YES NO

Allergies (food or otherwise) \_\_\_\_\_

\_\_\_\_\_

Medical Issues/medications (be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unusual Behaviors? \_\_\_\_\_

\_\_\_\_\_

Food Brand \_\_\_\_\_ Where is it located \_\_\_\_\_

Amount to feed \_\_\_\_\_ How Often \_\_\_\_\_

Treats YES NO \_\_\_\_\_ Where are they located \_\_\_\_\_

Medications YES NO (if yes, fill out Medication Sheet)

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Location of Leashes \_\_\_\_\_ toys \_\_\_\_\_ litter box \_\_\_\_\_

Describe the pets routine \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

More pets? Please use continuation sheet!