



Pet Sitting and/or Boarding Agreement

Last name(s): _____ First name(s): _____

Address, City, State zip: _____

Email: _____

Primary Phone#: _____ Alt. Phone: _____

Emergency Contact Name: _____

Emergency Phone #: _____ Email: _____

Pet # 1	Pet # 2
Breed: _____	Breed: _____
Color: _____	Color: _____
Sex: Male Femaie	Sex: Male Femaie
Spayed/neutered: Yes No	Spayed/neutered: Yes No
Vet name/Clinic: _____	Vet name/Clinic: _____
Vet Phone: _____	Vet Phone: _____
Birthdate: _____	Birthdate: _____
Weight: _____	Weight: _____
Date and time in: _____ am pm	Date and time in: _____ am pm
Date and time out: _____ am pm	Date and time out: _____ am pm

Feeding instructions (Times/Amounts): _____

Any allergies, separation anxiety, etc.?: _____

Has pet ever bitten someone? Yes No

Explain any Medication and/or Health Concerns: _____

If I am unable to contact you or an emergency contact, I will , at my discretion , contact a vet and give medication with expenses to be paid by the owner in the event the pet needs vet care. Boarding fees to be paid 48 hrs before the drop-off date. We accept Cash (at drop off), most Credit Cards, Venmo or Zelle.