



Client Name _____ Telephone _____

Address _____ City _____ Zip _____

Mailing Address (if different) _____

Email Address: _____ Cellphone: _____

Emergency Contact _____

Your Pets Info

Name _____ Species/Breed _____

Color _____ Birthdate _____ Sex _____ Weight _____

Vaccinations are current __ Yes __ No. My pet gets titer tested annually ____

Previous or current health concerns _____

Current medications _____

My pets tempermant is _____

My pets unfriendly behavior is _____

My pet has bitten another animal or person _____

My dog gets along with other dogs _____

My dog wears the following collar for walks _____. You will find my

dogs collar and leash (specify location) _____

Location of dog when sitter shows up for a walk _____

My cat(s) is: indoor only __. Indoor/outdoor __. Outdoor only __. While I am away,

my cat(s) will be (specify location) _____

Veterinarians Name _____ Telephone _____

Location/Address _____

Kibbles Pet Care
80 N. Cabrillo Hwy. #B
HMB, CA. 94019
(650) 726-PETS
www.kibblesngifts.com