



Pet Information Form

Pet Name: _____

Breed: _____

Sex: _____

Spayed/Neutered? _____

Age: _____

Good with other dogs? _____

Good off leash? _____

Owner's name: _____

Phone: _____

Email: _____

Pet Sitting from _____ to _____ Total days _____

Feeding Instructions:

Emergency Contact Name: _____ Phone: _____

Animal Clinic of Preference: _____

Pet Medical Issues, allergies and treatments:

Habits and Other Comments:

Liability Waiver

I hereby release Cuddles Town owners from any and all liability which the above named dog may suffer including but not limited to injury, sickness, damage or death resulting from participation in daytime boarding, overnight boarding, or outdoor walks.

Signature: _____

Print Name: _____

Date: _____

Can we use your dog's picture on our website? Yes _____ No _____

www.cuddlestown.com