

Cats and Critters Pet Sitting Information Sheet

OWNER INFORMATION:

Name: _____

Primary Phone#: _____ Secondary Phone#: _____

Address _____
Street City Zip Code

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Please provide the name of an individual who is authorized to make medical and/or financial decisions for your pet in the event that we are unable to contact you at the information provided on this form

How did you hear about us? YELP! Facebook Nextdoor Pet Expo _____

Referral (referring client's name) _____ Other _____

PET INFORMATION

Name: _____ Male/ Female (circle one) Neutered/ Spayed or Intact (circle one)

Species: _____ Breed: _____ Color: _____

Brand of Food: _____ dry/ wet/ both (circle one)

Quantity Given and Number of Times per Day: _____

Medical Conditions/ Diagnoses: _____

(Please list ALL medical conditions past and current, including any surgeries)

Medications: (please list ALL medications and supplements that your pet takes, even if they are not currently being given (i.e. seasonal allergy medications, heartworm preventative, etc.)

1. Medication Name & Dose (i.e. milligrams): _____

Quantity Given: _____ Times per day: _____

Route of Administration: _____ (oral, subcutaneous, transdermal, etc.)

2. Medication Name & Dose (i.e. milligrams): _____

Quantity Given: _____ Times per day: _____

Route of Administration: _____ (oral, subcutaneous, transdermal, etc.)

*If additional medications/ medical treatments are required, please use additional page

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MEDICAL EMERGENCY WAIVER

Though we do hope that this form is never needed for any animal, there is always a chance that an emergency may arise. Should an emergency occur, employees of Cats and Critters Pet Sitting will need to know what your treatment wishes are in the event that we are unable to contact you or your emergency contact provided on page 1 of this form.

Name of Regular Veterinarian or Hospital: _____

Phone #: _____

While we will always attempt to bring your pet to your regular veterinarian, there are some emergencies that general practitioners may not be equipped to handle. Should such an event occur, Cats and Critters Pet Sitting employees will take your pet to the nearest emergency veterinary hospital.

In the event of a medical emergency, after all efforts have been made to contact me and my emergency contact at the information above, if employees of Cats and Critters Pet Sitting are unable to contact me,

I do _____

I do NOT _____

(Please initial next to your choice)

give my permission to have my pet treated for emergency care. I also agree that if treatment is performed on an emergency basis either by my regular veterinarian or an emergency facility, I will take financial responsibility with the veterinary hospital and not hold Cats and Critters Pet Sitting or its employees financially responsible unless the emergency is the direct result of Cats and Critters Pet Sitting employees.

Signature

Date