

# K-9 Companion - Pet Information

Please fill out one form for each pet you own

Pet Name		Specie	
Breed	Weight	Age	Color
( <input type="checkbox"/> )Male	Neutered: Y / N	( <input type="checkbox"/> )Female	Spayed: Y / N
ID Tag	Tattoo	Microchip	
Please initial to verify that any and all applicable <b>vaccinations and licenses</b> as required by law are current:			
Notable Medical Information, Allergies, Phobias etc.			
<b>MEDICATIONS</b>			
Name	Dosage	How to Administer	
<b>FEEDING SCHEDULE</b>			
AM: Name of Pet Food _____ Size of Portion _____			
PM: Name of Pet Food _____ Size of Portion _____			
Name of Treats Allowed _____ Frequency _____			
<b>EXERCISE SCHEDULE</b>			
Activity _____ Frequency and Duration _____			
Activity _____ Frequency and Duration _____			
Location of suitable harnesses/collars for walks _____			
Preferred time for walks _____			
<b>GENERAL INFORMATION</b>			

Has the pet ever bitten a person Y / N  
Has the pet ever started a fight with or bitten another animal Y / N  
Is the pet friendly towards children and adults Y / N  
Name things your pet dislikes:  
Name things your pet likes:  
Favorite hiding place(s):  
Favorite toy(s):  
Restricted areas:  
Additional information:

Owners Full Names:

Identity/Social Security/Other (specify) numbers:

I, the owner of the above listed pet warrant that the information contained herein is true and correct to the best of my knowledge.

Owner's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note to pet owners: Although the law in your jurisdiction may only list certain vaccinations as compulsory (e.g. rabies), the pet sitter may also insist on proof of a DHLPP shot, Bordatella (kennel cough), various Feline vaccinations etc. Any person providing a pet sitting or dog walking service must familiarize himself/herself with relevant health care requirements for pets.