

Pet Information

Pet Name	Breed		
Specie	Weight	Age	Color
(_)Male Neutered: Y / N	(_)Female Spayed: Y / N		
ID Tag	Tattoo	Microchip y / n friendly towards children adults dogs all	
Initial to verify that all applicable vaccinations and licenses as required by law are current:			
Notable Medical Information, Allergies, Phobias etc.			

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FEEDING SCHEDULE

Name of Pet _____	Size of Portion _____	Time _____
Name of Pet _____	Size of Portion _____	Time _____
Location of food:		

EXERCISE SCHEDULE

Activity _____	Cleaning supplies are located _____
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GENERAL INFORMATION

Has the pet ever bitten a person Y / N	Favorite hiding place(s):
Owners Full Names:	
Sitter's name: Stephanie Wapp/Total Pet Care LLC	

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: _____