

Date _____

Pet Owner _____

Pet Owner Phone Number _____

Contact Phone Number _____

Pets Name _____

Pets Age _____

Type of Pet _____

Male or Female _____

Spayed or Neutered YES or NO

Vaccinated YES or NO

Veterinarian Name or Hospital Name _____

My dog needs to be walked YES or NO

How often my dog needs to be walked _____

Special needs or instructions

Approximate length of stay _____

If for any reason my pet needs medical attention while I am on vacation I will be responsible for any and all Veterinarian costs.

Sign Name _____

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