

**Montgomery County Pet Sitters**

Tel. 301-768-7065

Email: mocopetsitters@gmail.com

Website: mocopetsitters.com

Teresa Chavez, owner

**Information Forms for Additional Pets**

Your name: \_\_\_\_\_

Pet #2 Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M F Age or DOB: \_\_\_\_\_

Does this pet have any history of aggressive behavior, biting or attacking persons or other animals?  
YES NO

Does this pet have a history of medical problems or any current medical issues? YES NO

Does this pet take any medication? YES NO (If yes, please complete enclosed medication form)

Please provide details about your pet's diet, feeding schedule and treats: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything to know about your pet's water consumption? \_\_\_\_\_

\_\_\_\_\_

Tell us about your pet's exercise habits/play (i.e. running, walking, ball chasing): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your pet housebroken? YES NO

What basic commands does your pet understand? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any info we need to know about your pet's urination and defecation (i.e. dog won't go on a leash, will only use a clean kitty litter bin, etc.): \_\_\_\_\_

For dog owners: Please describe the preferred collar/harness/leash for walks: \_\_\_\_\_

\_\_\_\_\_

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Additional info you think we need to know about this pet:

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Pet #3 Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M F Age or DOB: \_\_\_\_\_

Does this pet have any history of aggressive behavior, biting or attacking persons or other animals?  
YES NO

Does this pet have a history of medical problems or any current medical issues? YES NO

Does this pet take any medication? YES NO (If yes, please complete enclosed medication form)

Please provide details about your pet's diet, feeding schedule and treats: \_\_\_\_\_

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Is there anything to know about your pet's water consumption? \_\_\_\_\_

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Tell us about your pet's exercise habits/play (i.e. running, walking, ball chasing): \_\_\_\_\_

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Is your pet housebroken? YES NO

What basic commands does your pet understand? \_\_\_\_\_

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Please provide any info we need to know about your pet's urination and defecation (i.e. dog won't go on a leash, will only use a clean kitty litter bin, etc.): \_\_\_\_\_

For dog owners: Please describe the preferred collar/harness/leash for walks: \_\_\_\_\_

\_\_\_\_\_

Additional info you think we need to know about this pet:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_