

Montgomery County Pet Sitters

Tel. 301-768-7065

Email: mocopetsitters@gmail.com

Website: mocopetsitters.com

Teresa Chavez, owner

GENERAL INFORMATION

Your name: _____

Address: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

How do you prefer to be contacted?

Email Cell phone calls Cell phone texts Other: _____

EMERGENCY INFO

(Initial here) _____ I grant permission to Montgomery County Pet Sitters to photograph my pet to be used in the event of an emergency.

Veterinarian: _____

Address: _____

City/State/Zip: _____ Phone: _____

Emergency contact (i.e. neighbor, relative in area):

Name: _____ Relationship to you: _____

Contact info: _____

ABOUT YOUR PET(S)

Pet #1 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)

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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: _____

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

If you have an additional pet or pets, please fill out a separate form.

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HOME SECURITY

Who else has access to your home? _____

Is there anyone who is not permitted to enter your home during your absence? _____

Please complete this section if you have a security system.

Name of security company: _____

Security company telephone number: _____

Are the police automatically dispatched if the alarm is tripped? YES NO

Location of security panel: _____

Security panel code/password: _____

Other info to know about security system: _____

HOUSE CARE CHECKLIST

Bagged dog waste will be deposited in owner's outdoor trash can, unless other instructions are provided here: _____

For clients who have contracted us for overnight or multiple-day visits, please indicate which of the following tasks you would like to have done:

- _____ Take full trashcans to end of driveway
- _____ Bring empty trashcans back to the house
- _____ Retrieve mail
- _____ Turn on lights (instructions: _____)
- _____ Move drapes/curtains
- _____ Water plants (instructions: _____)
- _____ Answer phone
- _____ Accept delivery/sign for packages
- _____ Other: _____

Updated 11/2015