

CALVERT WAYS PET SITTING
ADDITIONAL PET INFORMATION

*Website - CalvertWaysPetSitting.com * Contact via Email - info@CalvertWaysPetSitting.com or Telephone 804-761-3628*

Customer Name: _____

Vet Name: _____

Vet Contact #: _____ Vet Address: _____

If Vet Information same as on main contract, Check Here: _____

Pet Type: Cat _____ Dog _____ Bird _____ Fish _____ Other _____

Pet Name: _____ Pet Breed: _____

Pet Age: _____ Sex: M _____ F _____ Pet Color: _____

Medication: Yes _____ No _____ Dosage Instructions: _____

Behavior Problems: _____

Socializes well with other animals: Yes _____ No _____

Commands: _____

Favorite Activities/Toys: _____ Restrictions: _____

Services Requested: Food _____ Water _____ Clean Up _____ Brushing _____

Play Time _____ Leash Walking* _____ Other _____

Special Instructions: _____

I understand and agree to the terms of contract listed on the main contract form and authorize Calvert Ways to perform the above duties. I have reviewed and declare the above information is correct and complete to the best of my knowledge and belief.

Authorized by: _____ **Date:** _____

Witnessed by Calvert Ways: _____ **Date:** _____