CLIENT INFORMATION
Client Name(s):
Address:
E-Mail:
Home Phone Number:
Mobile Number(s):
Other Emergency Contacts:

ANIMAL INFORMATION & MEDICAL HISTORY
Name:

Species/Breed: Gender: Age: DOB:

Regular Veterinarian:

Vet Phone:

Last Rabies Vaccination Date:

Pre-existing Medical Conditions:

Allergies:

Supplements/Medication:

Feeding Times/Amount::

Treats:

Anxieties/Idiosyncrasies:

Notes/Miscellaneous Information:

BITE POLICY and EMERGENCY TREATMENT AUTHORIZATION
I understand that by signing this I am assuring All God's Creatures Pet Sitting that my dog/cat is up to date on rabies vaccination. I understand that I will be responsible for medical expenses incurred if my pet bites caretaker.

Client Signature_____ Date _____

In the event of an emergency with my pet, I authorize Wendy Sims / All God's Creatures Pet Sitting to take my pet to our regular veterinarian if available, or to an appropriate emergency facility for assessment and initial treatment/stabilization. I understand that I will be contacted as quickly as possible by the veterinary office regarding assessment, recommended treatment and estimated costs. However, by signing this I am authoriz/ing whatever treatment necessary to stabilize my animal. I understand that initial stabilization of a critically ill or injured pet MAY be up to $500.

Client Signature_____ Date _____