

Comfort At Home Pet Sitting
415-1910 or 889-4550
ComfortAtHomePetSitting@shaw.ca
Connie Crawford Redman
ComfortAtHomePetSitting.ca

Name of Pet/s: _____

Client Name

Home Phone, Cell Phone, Business Phone

Date leaving _____ and return
date _____

Phone # I can be reached at _____

Phone # of emergency contact _____

Pet Care Instructions

If your pet is on any medications, please give type and instructions here:

Feeding instructions _____

Brand of food _____

Veterinarian Information

Clinic: _____ Veterinarian: _____

If above veterinarian is unavailable, I hereby authorize Comfort At Home Pet
Sitting to obtain veterinary care for my pet(s) and agree to reimbursement of any
and all medical/veterinary costs (signed) _____

(dated) _____