



PET SITTING APPLICATION

Owner Information

Name _____

Address _____

City _____ Postal Code _____

Work Phone _____

Personal Phone _____

E-Mail Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

1st Pet Information

*** Please include proof of up-to-date vaccinations with submission of application ***

Name _____

Breed _____ Color _____

(Please Circle) Sex - F or M Spayed/Neutered - Y or N Vaccinated - Y or N

Birthday _____ Age _____

Vet Name _____

Vet Address _____

Vet Phone Number _____



2nd Pet Information

*** Please include proof of up-to-date vaccinations with submission of application ***

Name _____

Breed _____ Color _____

(Please Circle) Sex - F or M Spayed/Neutered - Y or N Vaccinated - Y or N

Birthday _____ Age _____

Vet Name _____

Vet Address _____

Vet Phone Number _____

3rd Pet Information

*** Please include proof of up-to-date vaccinations with submission of application ***

Name _____

Breed _____ Color _____

(Please Circle) Sex - F or M Spayed/Neutered - Y or N Vaccinated - Y or N

Birthday _____ Age _____

Vet Name _____

Vet Address _____

Vet Phone Number _____



K9 Cottage
21 Parkwood Drive
Cambridge, ON N1S 3K6
T: 519-223-5207
E: K9C21P@gmail.com
W: www.k9cottage.ca

General Information

Any medical conditions we need to know regarding your pet(s)?

Please list any meds and/or feeding times you want us to follow.

Who will be picking up and dropping off your pet(s)? **(Anyone picking up pets other than the listed owner is required to provide valid proof of identification – drivers licence, photo health card, passport)**

Do you have any special requests or instructions? i.e. what are your dog's interests? toys, beds, food, treat motivated, regular exercise, etc.

Please list any À La Carte items you would like to spoil your pooch to and the feeding schedule you would like us to use for the items. See our website À La Carte menu for more information.

Please tell us how you heard about us.