

Milagros Pet Services

Thank you for trusting me with the care of your pet. Please provide as much information as possible below.

Name: _____
Address: _____
Phone Number: _____
Email Address: _____
Alternate Contact Person: _____

Pet 1

Name: _____
Breed: _____
Age: _____
Is your Pet Spayed or Neutered: _____
Health Condition(s): _____
Behavioral Concern(s): _____
Medications (Name, Dosage and Frequency): _____
Diet (Name of food and time of meal): _____
Favorite Place(s) to Walk: _____
Favorite Treat or Toy: _____
Preferred Veterinarian and Hospital: _____

Pet 2

Name: _____
Breed: _____
Age: _____
Is your Pet Spayed or Neutered: _____
Health Condition(s): _____
Behavioral Concern(s): _____
Medications (Name, Dosage and Frequency): _____
Diet (Name of food and time of meal): _____
Favorite Place(s) to Walk: _____
Favorite Treat or Toy: _____
Preferred Veterinarian and Hospital: _____

Please circle the service(s) you are requesting

Dog Walking	Overnight Jammy Jam	Stop by Service
Light Stroll	Hotel Stay Service	
Looking for Adventure Walk	Pet Taxi Service	

I hereby give permission to Milagros Pet Services to make decisions on behalf of the care of my pet. I understand that the employees of Milagros Pet Services are Pet First Aid and CPR certified but they are not veterinary professionals.

Authorized Signature _____ Date _____