



Tawnya Roybal

Professional Pet Sitting | Insured & Bonded
Reliable care in the comfort of your pet's own home.
971-317-8055 • trpetsitting@aol.com

PET PROFILE & VETERINARY AUTHORIZATION

CLIENT INFORMATION

Client Name:

Service Address:

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

Relationship to Client:

PET INFORMATION

Pet Name(s):

Species/Breed:

Age(s):

Weight(s):

Sex:

Spayed/Neutered: Yes / No

Microchipped: Yes / No

VETERINARY INFORMATION

Veterinary Clinic:

Veterinarian:

Clinic Phone Number:

Emergency Veterinary Clinic:
Emergency Clinic Phone
Number:

MEDICAL INFORMATION

Current Medications:

Medication Instructions:

Known Medical Conditions:

Allergies:

BEHAVIOR INFORMATION

Has your pet ever bitten, scratched, or injured a person or another animal? Yes / No

If yes, please explain:

Behavioral Concerns:

VETERINARY AUTHORIZATION

I authorize Tawnya Roybal ('Pet Sitter') to obtain veterinary care for my pet(s) in the event of illness, injury, or emergency when I cannot be reached or when immediate care is reasonably necessary. I authorize veterinary providers to discuss my pet's condition and treatment recommendations with Tawnya Roybal for the purpose of obtaining appropriate care. I understand that I remain financially responsible for routine and emergency veterinary expenses incurred on behalf of my pet(s).

Client

Signature:

Date: