## PET COMPANIONS CLUB PET SITTERS LIST REGISTRATION FORM

NAME: ADDRESS: UNIT/LOT#:

PHONE/CELL/WORK:	
EMAIL ADDRESS: I AM A RESIDENT OF PEBBLECREEKFULL TIMEPART TIME (Explain Below)	PebbleCree
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************************************	
MY QUALIFICATIONS ARE: Please check all that apply	
Have worked in animal care. Please be specific  Know who to call in an emergency  Be able to make an emergency visit to vet/emergency clinic if deemed necessary  Would be comfortable sitting elderly pets and am aware of their special needs  Able to do CPR (Not necessary to sit in PebbleCreek)  Able to give oral and injectable medications to dogs and cats in my care if needed  Physically able to walk pets if requested  If I fall ill, I have a spouse and /or friend that can help me  I am insured and bonded (Not necessary to sit in PebbleCreek)  Able to stay overnight/house sit	
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DISCLAIMER:	
THE PET COMPANIONS CLUB OF PEBBLECREEK WILL USE THE ABOVE INFORMATION ONLY FO AND WILL NOT RELEASE ANY OF THIS INFORMATION TO OTHER PARTIES FOR ANY REASON.	OR COMPILING A LIST OF SITTERS
_I UNDERSTAND THAT THE PET COMPANIONS CLUB OF PEBBLECREEK IS IN NO WAY RESPONS	IBLE FOR MY ACTIONS OR FEES.
I AGREE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE	
SIGNED	
PRINT NAME	
DATE SIGNED	
THIS LIST.  ***********************************	IST IS BEING ISSUED STRICTLY AS
**************************************	
PLEASE FEEL FREE TO MAKE ANY COMMENTS/ SUGGESTIONS:	

MAIL FORM TO:

THE PET COMPANIONS CLUB OF PEBBLECREEK P. O. BOX 6106 GOODYEAR, AZ 85338-0619

Updated: August 23, 2018