# *Angel’s Pet Sits* – *Contact Information*

##### Owner / primary contact

### Home Address Directions Notes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Phones** | **Type** | **Email Addresses** | **Uses** |
|  |  | Home  Work  Cell  Text |  | All  Questions  Emergency  Billing email |
|  |  | Home  Work  Cell  Text |  | All  Questions  Emergency  Billing email |

##### Emergency contacts

Please choose 2 emergency contacts outside of the family. It is best to choose one contact that can make medical and care decisions, and another contact that is nearby.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Phone(s)** | **Type** | **Email Addresses** | **Relationship & Location** |
|  |  | Home  Work  Cell  Text |  |  |
|  |  | Home  Work  Cell  Text |  |  |

##### COMMENTS