



PET INFORMATION

Pet Name: _____ Species: _____

Breed: _____ Weight: _____ Age _____
Color _____

() Male Neutered: Y / N () Female Spayed: Y / N

Please Circle any and all that apply:

ID Tag Tattoo Microchip

Please initial to verify that any and all applicable vaccinations and licenses as required by law are current: _____

Notable Medical Information, Allergies, Phobias etc.

MEDICATIONS

Name Dosage How to Administer

Name	Dosage	How to Administer

FEEDING SCHEDULE

Location of Pet Food: _____

AM: Name of Pet Food _____ Size of Portion _____

PM: Name of Pet Food _____ Size of Portion _____

Location of Treats: _____

Name of Treats Allowed _____ Frequency _____

TYPICAL EXERCISE SCHEDULE

Activity _____ Frequency and Duration _____

Activity _____ Frequency and Duration _____

Location of suitable harnesses/collars for walks:

Preferred time for walks _____

GENERAL INFORMATION

Has the pet ever bitten a person Y / N

Has the pet ever started a fight with or bitten another animal Y / N

Is the pet friendly towards children and adults Y / N

Name things your pet dislikes:

Name things your pet likes:

Favorite hiding place(s):

Favorite toy(s):

Restricted areas: _____

Additional information:

Owners Full Names:

I, the owner of the above listed pet warrant that the information contained herein is true and correct to the best of my knowledge.

Owner's Signature: _____ Date: _____

Note to pet owners: Although the law in your jurisdiction may only list certain vaccinations as compulsory (e.g. rabies), the pet sitter may also insist on proof of a DHLPP shot, Bordatella (kennel cough), various Feline vaccinations etc. Any person providing a pet sitting or dog walking service must familiarize himself/herself with relevant health care requirements for pets.