



While U R Out Pet Sitting

~~Pet Information~~



Please fill out one Pet information disclosure per pet.

Pet's Name: _____	B-day: _____	Pet Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Breed: _____	Color: _____	Sex: Male / Female Spayed or Neutered Other: _____
Is pet mico-chipped? Yes / No	Chip #: _____	Chip Company: _____

Feeding Instructions:			
<input type="checkbox"/> Dry Food	Brand: _____	Measure With: _____	Amount: _____
Where to Feed: _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night <input type="checkbox"/> Dispose of uneaten food
<input type="checkbox"/> Wet Food	Brand: _____	Measure With: _____	Amount: _____
Where to Feed: _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night <input type="checkbox"/> Dispose of uneaten food
<input type="checkbox"/> Treats	Brand: _____	Amount: _____	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night
Locations for food and treats:			
<input type="checkbox"/> Water	Water will be cleaned and filled frequently.	Dish location: _____	

Medication(s)			
Name: _____	Amount: _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon <input type="checkbox"/> Night
Hide in treat or food? _____	Medication Location: _____		
Name: _____	Amount: _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon <input type="checkbox"/> Night
Hide in treat or food? _____	Medication Location: _____		

Medical History:	
Any ongoing or reoccurring known illness, injuries or treatments?	

Pet Allergies?	

Vaccinations up to date(month/year):	

Is your animal licensed with the city? Yes No	License Number: _____ City it is in: _____

Things to Know:	
Favorite games / Toys: _____	Hiding Places: _____
Exercise / Play: _____	Indoor / Outdoor Instructions: _____
Has Pet ever: <input type="checkbox"/> Attacked Someone <input type="checkbox"/> Bitten Someone <input type="checkbox"/> Injured self or escaped out of fear <input type="checkbox"/> Injured self out of boredom	
<input type="checkbox"/> Escaped from home. Where does he/she like to go? _____	
How can he/she be retrieved? _____	
Pet doesn't Like: <input type="checkbox"/> Ears Touched <input type="checkbox"/> Other Areas Touched <input type="checkbox"/> Other Family Pets <input type="checkbox"/> People Near Food Dish <input type="checkbox"/> Strangers	
<input type="checkbox"/> Other Pets Near Food Dish <input type="checkbox"/> Hot Days <input type="checkbox"/> Rain / Snow / Cold <input type="checkbox"/> New Animals <input type="checkbox"/> Loud Noises <input type="checkbox"/> Other: _____	
Pet reacts to the above by: _____	

Please list commands pet knows: _____	
Allowed to go for rides in pet sitter's vehicle? <input type="checkbox"/> Medical or other emergencies only.	