

Pet Sitter Checklist / Information Sheet

OWNERS

Name:	
Address:	
Phone (home):	
Phone (work):	
Phone (cell):	
Emergency Phone:	

ALARM SYSTEM

Company:	
Phone:	
Password:	

VETERINARIAN

Veterinarian:	
Address:	
Phone Number:	
Emergency Phone Number:	

FRIEND / RELATIVE / NEIGHBOR WHO KNOWNS ABOUT THESE ANIMALS

Name:	
Address:	
Phone:	

PETS

	animal #1	animal #2	animal #3	animal #4
Pet's Name:				
Breed:				
Age:				
Sex	male / female	male / female	male / female	male / female
Neutered / Spayed:	yes / no	yes / no	yes / no	yes / no
Illnesses:				
Allergies:				
Medications:				
Favorite Toys:				

(continued)				
Pet's Name:				
Favorite Activity:				
Sleeps Where:				
Commands Responds To:				
Commands Responds To:				
Commands Responds To:				
Commands Responds To:				
Shots Type Date:				
Shots Type Date:				
Shots Type Date:				
Shots Type Date:				
Shots Type Date:				
Play Well With Other Animals:	yes / no	yes / no	yes / no	yes / no
Plays Well With Other People:	yes / no	yes / no	yes / no	yes / no
Plays Well With Children:	yes / no	yes / no	yes / no	yes / no
Aggressive Toward:				
Outside Access:	yes / no	yes / no	yes / no	yes / no

FEEDING SCHEDULE

Pet's Name:				
Feeding Time:				
What Food:				
Amount:				
Feeding Time:				
What Food:				
Amount:				
Medications With Meals:				
Treats (What):				
Treats (When):				

EXERCISE SCHEDULE

Pet's Name:				
Time:				
What Type:				
On / Off Property:	on / off	on / off	on / off	on / off

Emergency Veterinarian Release Form

Complete one form for each animal, file one copy with your Veterinarian and retain a copy for your Pet Sitter.

Owner	
Address:	
Phone (home):	
Phone (work):	
Phone (cell):	

Veterinarian:	
Address:	
Phone Number:	
Emergency Phone Number:	

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, and you cannot be reached.

<p>To Whom It May Concern:</p> <p>During my absence, _____ will be caring for my pet(s). I give him/her my permission to transport my pet(s) to my veterinarian or to an emergency clinic. In the event I cannot be reached. I authorize him/her to act as my agent regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amount: \$ _____.</p>
Signature and Date