

Pet Information

Pet Name:

Species:

Breed:

Weight: _____ Age or DOB:

(____) Male Neutered: Y / N

(____) Female Spayed: Y / N

Microchip#

Please initial to verify that any and all applicable vaccinations and licenses as required by law are current. (Proof of vaccinations may be required prior to the first day of pet care).

Initial: _____

Notable Medical Information, Allergies, Phobias etc.

Medications:

Name Dosage How to Administer (May attach additional information if easier) :

Feeding Schedule

AM: Name of Pet Food _____ Size of Portion

PM: Name of Pet Food _____ Size of Portion

Name of Treats Allowed _____ Frequency

Exercise Schedule

Location of suitable harnesses, collars and leashes for walks:

General Information

Has your pet ever bitten a person? Y / N

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

Is your pet friendly towards children and adults? Y / N

Name things your pet dislikes:

Name things your pet likes:

Your pets favorite hiding place(s):

Favorite toy(s):

Restricted areas:

Additional Information:

Owners Full Name(s): _____

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 care provider may also insist on proof of a DA2PP shot, Bordetella (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.