

Sit! Stay! While You're Away.

Pet Information

Pet Name		Species	
Breed	Weight	Age	Color
<input type="checkbox"/> Male Neutered: Y / N		<input type="checkbox"/> Female Spayed: Y / N	
Rabies Exp Date:	Tattoo	Microchip	
Please initial to verify that any and all applicable <i>vaccinations and licenses required by law</i> are current:			
Notable medical information, medications, allergies, phobias, etc.			
Medications			
Name	Doasge	Administration	
Name	Dosage	Administration	
Name	Dosage	Administration	

Feeding Schedule		
Pet Name	Food	Portion
Pet Name	Food	Portion
Pet Name	Food	Portion

Treats allowed: Y / N Frequency _____

Exercise Schedule	
Activity	Freequency / Duration
Activity	Freequency / Duration
Preferred time for walks:	

General Pet Information

Has your pet ever bit anyone? Y / N

Has your pet ever bitten another animal? Y / N

Is your pet dog or cat aggressive? Y / N

Does he/she mind children? Y / N

Specific things your pet(s) like:

Specific things your pet(s) dislikes:

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 this 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.