



**In Your Home**  
PET CARE

**INFORMATION SHEET**

**Date:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Street Address:**

\_\_\_\_\_

**City & Zip Code:** \_\_\_\_\_

**Owner Contact Info:** (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
(email) \_\_\_\_\_

**DATES OF SERVICE:** \_\_\_\_\_

How many visits per day: \_\_\_\_\_

Time of visits: \_\_\_\_\_ am \_\_\_\_\_ pm

**EMERGENCY CONTACT INFO:**

Emergency Contact Name:

\_\_\_\_\_

Their Phone Number:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Where/how can they be reached?: \_\_\_\_\_

\_\_\_\_\_

Who else has access to house? (Maid, relative, neighbor, etc.):

\_\_\_\_\_

\_\_\_\_\_

Who may be in the home while service is being provided? \_\_\_\_\_

\_\_\_\_\_

**Who else has a key?**

Name(s): \_\_\_\_\_

Phone numbers and/or addresses of these people: \_\_\_\_\_

\_\_\_\_\_

Should telephone and/or door be answered while we are in the home? Yes or No

**PET INFORMATION:**

Dog Cat Bird Other (circle one)

Dog Cat Bird Other (circle one)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: M F

Sex: M F

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Neutered?: Yes No

Neutered?: Yes No

Description (breed, coloring, etc.):

Description (breed, coloring, etc.):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFO:**

When was pet acquired?:

\_\_\_\_\_

How was pet acquired?:

\_\_\_\_\_  
\_\_\_\_\_

How does pet react to strangers, children, and other animals?:

\_\_\_\_\_

Has pet ever attacked anyone?:

\_\_\_\_\_  
\_\_\_\_\_

**FEEDING INSTRUCTIONS:**

Where is the food stored?:

\_\_\_\_\_

Brand of food?:

\_\_\_\_\_

Wet or dry or both?:

\_\_\_\_\_

What time of day for feedings?: \_\_\_\_\_ am \_\_\_\_\_ pm

Amount of food to give?:

\_\_\_\_\_

How many times per day?

\_\_\_\_\_

What dishes to use?

\_\_\_\_\_

Where is pet fed?

\_\_\_\_\_

In the case of a dog/s – are they to be walked before or after feeding?

\_\_\_\_\_

**CLEANING INSTRUCTIONS:**

Does pet ever have accidents?

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What usually causes the accidents?

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How do you clean up the mess?

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Where do you keep extra cat litter, box liner?

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*(FOR DOGS PLEASE LEAVE PLASTIC BAGS FOR US TO PICK UP SOLIDS OUTSIDE).*

**OUTDOORS INSTRUCTIONS (DOGS):**

Where is leash?

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Where do you usually walk the dog?

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Is the pet leash-trained?

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Is the dog aggressive toward other dogs, people or kids?

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Where to put "used" plastic bags?

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Does pet have issues going outside in bad weather?

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**HOUSEHOLD CRIME PREVENTION NOTES:**

Mail: \_\_\_\_\_ Box #: \_\_\_\_\_

Newspapers delivered: Y N (to be saved or recycled?) \_\_\_\_\_

Do plants need to be watered?: Y N

Window treatments to be opened during day and shut at night?: Y N

Lights on at night and off in the morning?: Y N

When is trash picked up and where are bins kept?:

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**VETERINARIAN INFORMATION**

NAME:

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ADDRESS:

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PHONE NUMBER:

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**MEDICATION:**

Where is it stored?

---

Name?

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Dosage?

---

Pill or liquid?

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What time of day?

---

How many times per day?

---

Does pet take medication well? (If necessary, please demonstrate to us how to administer)

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**IN THE EVENT YOUR PETS ARE ACTING UNUSUAL** (example: not eating, reclusive, combative) (Place a check mark next to your preference)

\_\_\_\_\_ Contact the client immediately

\_\_\_\_\_ Trust our judgment

**IN THE EVENT YOUR PETS ARE OBVIOUSLY SICK** (example: not eating, throwing up, labored breathing, foreign matter in litter box) (Place a check mark next to your preference)

\_\_\_\_\_ Contact client first

\_\_\_\_\_ Take pet to the vet

**FOR OVERNIGHT AND EXTENDED STAY SLEEPOVERS:**

Do you have WiFi? \_\_\_\_\_

If you are comfortable sharing your WiFi information with us, please let us know your:

WiFi Name: \_\_\_\_\_

WiFi Password: \_\_\_\_\_

**PET SITTER CHECKLIST:**

Test Key \_\_\_\_\_

Business Cards \_\_\_\_\_

Vet Card \_\_\_\_\_

**\*\*PLEASE REMEMBER TO CALL PET SITTER ON YOUR RETURN HOME\*\***