

Pet Sitter Instructions for _____

Contact Information

Telephone number where you can reach us:

Our home address and telephone number:

Our vet's name and telephone number:

Our vet's address and hours:

Alternative numbers and contacts (neighbor's, etc.):

Nearest 24-hour Pet Emergency Center and telephone number:

About my Pet

The Basics

Weight

Sex

Breed

Color/Distinguishing Markings

Date of Birth

License Tag #

The Important Info

Favorite sleeping spot

Favorite hiding place

Favorite toy

Favorite place to be scratched

My pet's fears

Eating Habits

Feeding times

Amount of food

Number and type of treats

Where to find the food

Medications

Type of medication(s)

How administered

Frequency

Other Health Concerns/Medical Conditions

Sitting Dates

Begin _____ End _____

Times visited per day (N/A if overnight sitter) _____

Exercise and Play

What kind and how often

Where to find the leash and toys

Friendly toward other furry critters?

Bathroom Habits

How often and cleaning requirements

Where to find cleaning supplies and bags

General house rules for our pet:

Other important things to know & special requests: