### **Client/Pet(s) Information**

| **Client Name:** | | | **Address:** | | |
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| **Phone #:** | | | **Keys/Code:** | | |
| --- | --- | --- | --- | --- | --- |

| **Pet Name** | | | **Pet Name** | | |
| --- | --- | --- | --- | --- | --- |
| Breed | Age | | Breed | | Age |
| M/F Neutered: Y / N Microchip | | | M/F Neutered: Y / N Microchip | | |
| P**et Name** | | | **Pet Name** | | |
| Breed | Age | | Breed | | Age |
| M/F Neutered: Y / N Microchip | | | M/F Neutered: Y / N Microchip | | |
| General Pet Information:  Pet Vaccination Status: | | | | | |
| **MEDICATIONS** | | | | | |
| Name | | Dosage | | How to Administer/Specific Pet | |
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| **FEEDING SCHEDULE** | | | | | |
| Pet Food Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eating Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AM: Name of Pet/ Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Portion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Normal Time:\_\_\_\_\_\_\_\_\_\_  PM: Name of Pet /Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Portion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Normal Time:\_\_\_\_\_\_\_\_\_\_  Other Times:  Any Food Aggression:  Name of Treats Allowed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency/Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional Feeding Instructions (Pet Specific): | | | | | |
| **EXERCISE / BATHROOM SCHEDULE** | | | | | |
| Activity \_\_\_\_\_\_\_\_\_\_\_\_ Frequency and Duration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Activity \_\_\_\_\_\_\_\_\_\_\_\_ Frequency and Duration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of suitable harnesses/collars/bags for walks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approximate Times Animals go out\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Normal Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred time for walks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refuse Containers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **GENERAL PET INFORMATION** | | | | | |
| Has the pet ever bitten a person Y / N  Has the pet ever started a fight with or bitten another animal Y / N  Is the pet friendly towards children and adults Y / N  Name things your pet dislikes:  Name things your pet likes:  Favorite hiding place(s):  Favorite toy(s):  Restricted areas:  Risky behaviors discussions (under fence/trashcan etc)  Additional information:  Normal Sleeping Locations/Normal Bedtime:  Normal Area Pet stays when Sitter away:  Issues during walk?:  Walk locations:  Pet Carrier location:  Additional Pet Information: | | | | | |

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| **House Details** | | | | | |
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| Keys/House Code: Key/Code Check Completed:  Security System code/procedures:  Location to leave Keys at end of contract:  Watering Plants:  Lights:  Blinds:  Mail/Mail Location/Key:  Trash Can location/ PIck up day:  Cleaning Supplies location:  WIFI code/password:  Kitchen/Food discussion:  Areas of house off limits:  Other service providers on property:  Client Specific House Information: | | | | | |