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

| **Client Name:** | **Address:** |
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| **Phone #:** | **Keys/Code:** |
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| **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 / NHas the pet ever started a fight with or bitten another animal Y / NIs the pet friendly towards children and adults Y / NName 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: |