

Pet-Sitting Client Intake Form

Helping us care for your pet like they're family!

Owner Information

Full Name:

Phone Number:

Email Address:

Home Address:

Emergency Contact Name & Phone:

Pet Information

Pet Name:

Species (Dog, Cat, etc.):

Breed:

Age:

Gender (Male/Female):

Spayed/Neutered? (Yes/No):

Weight:

Color/Markings:

Health & Medical Info

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Veterinarian Name & Clinic:

Veterinarian Phone Number:

Vaccinated? (Yes/No):

Last Vaccination Date:

Allergies or medical conditions?:

Medications (name, dosage, schedule):

Behavioral Information

Behavior around strangers:

Behavior around other animals:

Known fears (e.g., thunder, fireworks):

Aggression or biting history?:

Other things to be aware of:

Feeding & Care Instructions

Feeding Schedule (times & amounts):

Food Brand/Type:

Treats Allowed? (Yes/No):

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Bathroom Routine:

Walk Schedule/Preferences:

Crate Trained? (Yes/No):

Allowed on Furniture? (Yes/No):

Home & Access Info

Sitting location (Client's or Sitter's Home):

Home access method (key, code, etc.):

Security System Details:

Off-limits areas:

Service Details

Start Date & Time:

End Date & Time:

Visit Frequency (Once, Twice daily, Overnight):

Additional Services Requested:

Additional Notes / Special Instructions

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Agreement & Acknowledgment

Signature:

Date:
