



PETSITTER'S GUIDE

PET NAME: _____

BREED: _____

AGE: _____

SEX:
 M / F

DE-SEXED:
 Y / N

ESSENTIALS

- ☐ HOUSE TRAINED
- ☐ GOOD WITH OTHER DOGS
- ☐ GOOD WITH CHILDREN
- ☐ ALLOWED OFFLEAD
- ☐ HAS SEPERATION ANXIETY

DAILY ROUTINE

(Walks, meals, toilet, meds, etc)



---:-- WAKE-UP

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BEDTIME

ALLERGIES / MEDICAL
HISTORY



FOOD / MEDICATION

	Amount	Item
AM		
PM		

WHEN YOU'RE GONE



FAVOURITE THINGS

TOYS	
SNACKS	
SLEEP SPOT	
OTHER	



QUIRKS

FEARS	
ODD HABITS	
OTHER	





CONTACT

INFORMATION

PRIMARY OWNER

NAME: _____

PHONE: _____

EMAIL: _____

AVAILABILITY WHILE AWAY

☐ PHONE ☐ EMAIL ☐ NONE

☐ OTHER _____

SECONDARY OWNER

NAME: _____

PHONE: _____

EMAIL: _____

AVAILABILITY WHILE AWAY

☐ PHONE ☐ EMAIL ☐ NONE

☐ OTHER _____

EMERGENCY CONTACT

NAME: _____

RELATION: _____

PHONE: _____

EMAIL: _____

VET INFORMATION

CLINIC: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

SITTER LOGISTICS

	Date	Time
DROP-OFF		__:__
PICK-UP		__:__

OTHER NOTES

