

# Pet Information Form

## Entry Instructions:

Number of Sets of Keys provided: \_\_\_\_\_

Fob/Gate Entry: \_\_\_\_\_

Lockbox Code: \_\_\_\_\_

Locks used (i.e., door knob, deadbolt): \_\_\_\_\_

Is there an alarm system in place? \_\_\_\_\_

If yes, please provide the code and necessary information for access: \_\_\_\_\_

**Expectations for Visits: Walk** (how long) \_\_\_\_\_

**Play time** (how long?) \_\_\_\_\_

**Treat?**             Yes         No

**Bring in Mail?**    Yes         No

**Water Plants?**     Yes         No

Location of leash or litter box: \_\_\_\_\_

Location of food and treats: \_\_\_\_\_

Location of cleaning supplies: \_\_\_\_\_

Where should pet waste be disposed of? \_\_\_\_\_

What kind of parking is available for walker/pet sitter (meters, free parking, driveway)?  
\_\_\_\_\_

*Emergency contacts are called only if pet owner is not available. Contacts must be able to authorize additional pet care and or veterinary care should an emergency arise.*

Emergency contact 1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency contact 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency contact 3: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Pet 1 Information:**

Name of pet: \_\_\_\_\_ Nick Name(s): \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ How long have you had the pet? \_\_\_\_\_

Color/markings: \_\_\_\_\_

Commands: \_\_\_\_\_

Favorite play activities: \_\_\_\_\_

Behavior on leash: \_\_\_\_\_

Temperament: \_\_\_\_\_

Weight: \_\_\_\_\_

If a dog, is he/she okay with other dogs? \_\_\_\_\_

If a cat, is he/she litter trained? \_\_\_\_\_

Where can the pet typically be found and where should he/she be returned? \_\_\_\_\_

\_\_\_\_\_

Any fears or special notes: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

All shots up to date?  Yes  No

Has This Pet Ever: Escaped from home?  Yes  No

If yes, where does he/she escape to?

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How can he/she be retrieved?

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Attacked someone/bit someone?  Yes  No

Attacked another animal?  Yes  No

Please describe the incident (even if mild, or under extreme/unusual situations)

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**Pet 1 Feeding Instructions:**

**Living Environment (Indoors/Outdoors):** \_\_\_\_\_

**Please check the box if the statement applies to your pet:**

**Dry Brand:**

Measure with: \_\_\_\_\_ Amount: \_\_\_\_\_ Where to feed: \_\_\_\_\_

Breakfast (AM)

Lunch (MD)

Dinner (PM)

Special Notes: \_\_\_\_\_

**Wet Brand:**

Measure with: \_\_\_\_\_ Amount: \_\_\_\_\_ Where to feed: \_\_\_\_\_

Breakfast (AM)

Lunch (MD)

Dinner (PM)

Special Notes: \_\_\_\_\_

**Medication(s):**

Amt: \_\_\_\_\_ Location: \_\_\_\_\_ Hide in Treat: \_\_\_\_\_

Breakfast (AM)

Lunch (MD)

Dinner (PM)

Special Notes: \_\_\_\_\_

**Treat(s):**

Amt: \_\_\_\_\_ Location: \_\_\_\_\_ Hide in Toy or other: \_\_\_\_\_

Breakfast (AM)

Lunch (MD)

Dinner (PM)

Special Notes: \_\_\_\_\_

Pet(s) are NOT allowed outdoors at all

Pet(s) are only allowed outdoors on a leash

Pet(s) can go in backyard with fence

Pet(s) are allowed on furniture

Dog (s) are crated or kept in a restricted area If crated, command used:

Pet(s) have free run of house

Cat(s) are litter trained