

Sitter's name \_\_\_\_\_

### Pet sitter's information record

#### Pet owner information

Pet owner:

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Street: \_\_\_\_\_

Work phone: \_\_\_\_\_

City: \_\_\_\_\_

Auto license # \_\_\_\_\_

State/Zip: \_\_\_\_\_

Drivers license # \_\_\_\_\_

Departure: \_\_\_\_\_  
(Date & time)

Return: \_\_\_\_\_  
(Date & time)

While my pet is in your care, I can be reached at :

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Tel. # \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Tel. # \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Tel. # \_\_\_\_\_

#### My pet's information

To assist you in caring for my pet(s), please review the following.

Pet name 1: \_\_\_\_\_

Pet name 2: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ m/f \_\_\_\_\_

Weight: \_\_\_\_\_ m/f \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

License #: \_\_\_\_\_

License #: \_\_\_\_\_

Yes/No: #1 spayed/neutered: \_\_\_\_\_

Collar: \_\_\_\_\_ Tag: \_\_\_\_\_ Leash: \_\_\_\_\_

#2 spayed/neutered: \_\_\_\_\_

Collar: \_\_\_\_\_ Tag: \_\_\_\_\_ Leash: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Clinic: \_\_\_\_\_

Street: \_\_\_\_\_

Tel. #: \_\_\_\_\_

City: \_\_\_\_\_

Emergency #: \_\_\_\_\_

General Health: Pet #1: \_\_\_\_\_

Pet #2: \_\_\_\_\_

Please be aware of my pet(s) special medical needs described below: \_\_\_\_\_

In an emergency please take my pet(s) to the nearest animal care facility or to: \_\_\_\_\_

The name of the person with financial responsibility for my pet during an emergency is:

Name: \_\_\_\_\_

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

Street: \_\_\_\_\_

Tel. # 1: \_\_\_\_\_

City: \_\_\_\_\_

Tel. #2: \_\_\_\_\_

### Special info

Nutrition: \_\_\_\_\_

Meal hours: \_\_\_\_\_

My pet likes: \_\_\_\_\_

Doesn't like: \_\_\_\_\_

Snacks ok: \_\_\_\_\_

Do not feed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_