

# While You Were Gone

Pet Sitting Service 

## CLEANING INSTRUCTIONS:

Does pet ever have accidents? Y/N

What usually causes them? \_\_\_\_\_

How do you clean up the mess? \_\_\_\_\_

Where do you keep litter, box liner? \_\_\_\_\_

## OUTDOOR INSTRUCTIONS (DOGS)

Where is leash? \_\_\_\_\_

Where to walk? \_\_\_\_\_

How far should we go? \_\_\_\_\_

Any animals or people the pet should stay away from? \_\_\_\_\_

Where to put "used" plastic bags? \_\_\_\_\_

Is the pet leash-trained? Y/N

Any problems going outside in bad weather? \_\_\_\_\_

## HOUSEHOLD CRIME PREVENTION NOTES:

Do you have an alarm? Y/N If yes, have you given our name to the Police dept. & alarm company in the event that the alarm goes off while you are gone? \_\_\_\_\_

Should we take in mail/newspapers? Y/N

Should we water plants? Y/N If yes, how much and how often?

\_\_\_\_\_ Should we open/close window shades/blinds? \_\_\_\_\_

Should lights be left on or off? \_\_\_\_\_

When is trash picked up? \_\_\_\_\_

## VETERINARIAN INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## MEDICATION:

Where is it stored? \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Pill or liquid? \_\_\_\_\_

How many times a day? \_\_\_\_\_ What time of day? \_\_\_\_\_ Does pet take it well? Y/N

(If necessary, please demonstrate how to administer)

## IN THE EVENT YOUR PETS ARE ACTING UNUSUAL

(example: not eating, reclusive, combative)

Contact the client immediately  Trust our judgement

## IN THE EVENT YOUR PETS ARE OBVIOUSLY SICK

(example: not eating, throwing up, labored breathing, foreign matter in litter box)

Contact client first  Take pet to the vet

Client Name (Please Print): \_\_\_\_\_

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