

While You Were Gone

Pet Sitting Service 

Information Sheet

Today's Date: _____ Owner: _____

Street Address: _____ City & Zip Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

DATES OF SERVICE: _____

How many visits per day? _____ Time of visits? _____

EMERGENCY NUMBER where you can be reached: _____

Who else has access to house (maid, relative, neighbor)? _____

Who may be in the home while service is being provided? _____

Who else has a key? _____

Phone numbers and/or addresses of these people: _____

Should telephone/door be answered while we are in the home? Y/N

PET INFORMATION: (Please complete one box for each pet)

DOG CAT BIRD OTHER

Name: _____ Sex: M/F Age: ____ Breed: _____

Neutered: Y/N Description/Coloring: _____

How long in the home? _____ How was pet acquired? _____

How does pet react to strangers, children, and other animals? _____

Ever attacked anyone? (If yes describe incident) Y/N

FEEDING INSTRUCTIONS:

Where is food stored? _____

Brand (wet, dry, semi moist, or raw)? _____

How many times per day is pet fed? _____

What time of day for feedings? _____

Amount of food to give? _____

What dishes to use? _____ Where is pet fed? _____

Client Name (Please Print): _____

Signature: _____ **Date:** _____