

While You Were Gone

Pet Sitting Service 

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? _____

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Client Name (Please Print): _____

Signature: _____ Date: _____