

# Pet Sitter Information

## Care List

\_\_\_\_\_ (pet's name here)

### Pet Information:

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

Nicknames: \_\_\_\_\_

Breed / Species: \_\_\_\_\_

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

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

Microchip / Tattoo Number: \_\_\_\_\_

City Registration (Tag) Number: \_\_\_\_\_

Compatibility: (does your pet get along with other pets / people)

\_\_\_\_\_  
\_\_\_\_\_

### Feeding:

Brand of Food: \_\_\_\_\_

Amount and Frequency: \_\_\_\_\_

Allergies: \_\_\_\_\_

Treat Allowance: \_\_\_\_\_

**Routines:**

Walking times / length: \_\_\_\_\_

\_\_\_\_\_

Playtime / Favourite Toys: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Kennel Times (ie. Is your pet kenneled at night, for example?):

\_\_\_\_\_

\_\_\_\_\_

**Commands and Obedience:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Veterinary Information:**

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

Hours of Operation: \_\_\_\_\_

Emergency Vet Contact: \_\_\_\_\_

**Medical:**

Condition: \_\_\_\_\_

Medication Type: \_\_\_\_\_

Dosage and Frequency: \_\_\_\_\_

Side Effects: \_\_\_\_\_

**Other Important Information:**

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