

**Pet Information** (please fill out one form per pet)

Pet Name \_\_\_\_\_ Length of time owned \_\_\_\_\_

Pet Type: DOG CAT OTHER Breed or Description \_\_\_\_\_

Sex: M F Neutered or Spayed? Yes No Date of birth or age \_\_\_\_\_

Check here if feeding instructions are the same as another animal on file.

Type of food feeding \_\_\_\_\_ Brand \_\_\_\_\_ Amount \_\_\_\_\_

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Feeding instructions (please indicate AM and PM) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treats \_\_\_\_\_

Location of food \_\_\_\_\_

Please list all medications/supplements you are currently giving.

Medication/Supplement \_\_\_\_\_ Amount \_\_\_\_\_ How often \_\_\_\_\_

Instructions for administering \_\_\_\_\_

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Instructions for administering \_\_\_\_\_

Location of Medications/Supplements \_\_\_\_\_

Pet allergies \_\_\_\_\_ Is pet current on vaccines? Yes No

Pet Medical History (ongoing issues/injuries, conditions currently being treated, etc.)

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Temperament/Personality: \_\_\_\_\_

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Has pet ever:

Attacked someone/bit someone

Injured self/escaped out of fear

Attacked another animal

Injured self out of boredom

Escaped from home

Commands:

Sit   No   Outside   Drop it   Stay   Come   Down   Treat   Heel

Others \_\_\_\_\_

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Favorite games, toys, activities: \_\_\_\_\_

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Allowed to ride in pet sitter's vehicle?   Y   N

Most likely to have accidents when: \_\_\_\_\_ where: \_\_\_\_\_

Additional comments \_\_\_\_\_

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