



Pet Sitting & Vacation Care

Animal Information Sheet

Client's Name: _____

Animal's Name: _____ Species: _____ Number ___ Of ___

Age: _____ Color / Markings: _____ Sex: M / F Vaccinated?: Y / N

Known Health Concerns: _____

Feeding

Details regarding your pet's feeding routine, including type of food, location of food, amount of food, approximate feeding times, special instructions.

Medication yes

If your pet is on any medication that must be administered, please use the back of this form to provide detailed instructions including medication name(s), location, dosage and frequency. **At this time we do not administer shots.**

Fun Stuff

Pet's favorite playtime activity or toy: _____

Location of cage, bowl, tank: _____

Pet's favorite known hiding place(s): _____

Traits

Fearful of loud noises: Y / N

Tries to escape: Y / N

Skittish with strangers: Y / N

Has bitten anyone: Y / N

Allowed on outdoors: Y / N

Allowed to have treats: Y / N

Likes to be petted or held: Y / N

Has signs of aggression: Y / N

Please indicate any other useful information about your cat on the back of this form. yes