



PET INFORMATION SHEET

NOTE: Please prepare separate information sheets for each pet we'll be serving.

Date & Time pet visits begin: _____

Date & Time pet visits end: _____

Address: _____ Alarm Code: _____

PET INFORMATION			
Name:	Age:	Breed:	Color/Markings:
Sex:	Weight/Size:	Rabies Tag #:	Date Rabies Shot Expires:
Microchipped:	History of illness:	Declawed:	Spayed/Neutered:

FEEDING		
Permitted types of food	Feeding times:	Amount per feeding:
Special feeding instructions: (Please be detailed)		

VETERINARY & EMERGENCY CARE		
Veterinarian's Name:	Address:	Phone No.:
Emergency Clinic's Name:	Address:	Phone No.:



PET INFORMATION SHEET

MEDICATION

(1) Type of medication:	Dosage/Frequency:	Location of medication:
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Special Instructions: (Please describe in detail)

(2) Type of medication:	Dosage/Frequency:	Location of medication:
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Special Instructions (Please describe in detail):

(3) Type of medication:	Dosage/Frequency:	Location of medication:
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Special Instructions (Please describe in detail):

OTHER

Favorite games:	Favorite hiding place:
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Location of collar/leash:	Special harness/choke collar required for walks:
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Must be kept in certain room? (If so, please explain):	Location of litter box/supplies/etc (cleaning instructions):
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TV/radio left on for pet?: (If so, please explain)	How to transport pet: (i.e. backseat, crated)
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Special behaviors related to separation: (if so, please explain)



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214-675-9481

EMERGENCY CONTACTS

Primary Contact's Name:	Phone No.:	Relationship: (son, friend, neighbor, etc)
Backup Contact's Name:	Phone No.:	Relationship: (son, friend, neighbor, etc)

ADDITIONAL INFO YOU THINK WOULD BE HELPFUL TO KNOW

Empty text area for additional information.