



Pet Information

Please complete one pet information form per pet.

Owner: _____

Pet Name: _____

Length of time owned: _____

Pet Type: Dog / Cat / Other

License #: _____

Microchip #: _____

Physical Description (if similar to another):

DOB: ___/___/___ Or Age: _____

Weight _____ Or Size _____

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after ___ minutes

<input type="checkbox"/> Dry	Brand: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Procedure
<input type="checkbox"/> Wet	Brand: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Procedure
<input type="checkbox"/> Medication(s)	Amount: Location: Hide in treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Procedure
<input type="checkbox"/> Water	<i>Water will be cleaned and filled frequently</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: Water Location:
<input type="checkbox"/> Treats	Name: Amount: Location:	Notes:	

Pets Living Area:

<input type="checkbox"/> NOT allowed outdoors at all	<input type="checkbox"/> Allowed on furniture, counters, bed
<input type="checkbox"/> ONLY allowed outdoors on leash	<input type="checkbox"/> Restrict pet area/crate only when pet is alone
<input type="checkbox"/> Turn out, invisible fenced yard with collar	<input type="checkbox"/> Restrict pet area/crate at all times
<input type="checkbox"/> Turn out, secure fence: _____	Restricted Area/Crate Location:
<input type="checkbox"/> NOT allowed indoors	Other off-limits areas:

Emergency Care

****Placing credit card on file at vets office is recommended**

Vet Name: _____

Pet Allergies: _____

Clinic Name: _____

Vaccinations up to date on (Month/Year): ___/___

Phone: _____

Heart worm test: Negative / Positive

Pet Medical History: (Ongoing or reoccurring known illnesses/injuries, treatments & medications)

Temperament/Personality

Pet does **NOT** like:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot days | <input type="checkbox"/> Sharing food dishes |
| <input type="checkbox"/> Toenail clip | <input type="checkbox"/> Rain/Snow/Cold | <input type="checkbox"/> Loud noises / Vacuum / Thunder |
| <input type="checkbox"/> Massage | <input type="checkbox"/> New animals | <input type="checkbox"/> All humans |
| <input type="checkbox"/> Touch ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | |

Pet reacts to above by:

Has the pet ever:

- Attacked someone/bit someone
- Attacked another animal
- Injured self/escaped out of fear
- Injured self out of boredom
- Escaped from home

Describe (even if mild, or under extreme/unusual circumstance)

Where does he/she like to escape?

How can he/she be retrieved?

Commands: (Please circle commands your pet knows, and underline ones they are working on):

Sit	Come	Heel	Down	Drop it	Leave it	Good	Bad
Food	Cookie	Off	No	Out	Outside	Walk	Ride
Don't pull	Walk nice	Potty	Back	Naughty	In the house		
Don't touch	Treat	Stay					

Favorite games, toys and activities:

May Barkies use photos of your pet on social media and/or website? **Yes / No**

May pet play with sitter's personal pet(s) for socialization? **Yes / No**

Do you prefer a text or email update? **Text** _____ **Email** _____

Comments:

Client/Owner Name: _____

Signature: _____ Date: _____