



3. Pet's Name _____ Birth Date ____/____/____ Weight _____ Lbs.
Species/Breed _____ Color _____ Male Female

Food Amount/Schedule _____

Medication Amount/Schedule _____

- Is there any person, animal or situation your pet has a problem with? Yes No
If so, please explain _____

- Has your pet bit any PERSON or ANOTHER ANIMAL? Yes No
If so, please explain _____

- Is your pet aggressive? Yes No
If so, please explain _____

- Does your pet have a medical condition your pet sitter should be aware of? Yes No
If so, please explain _____

-What else should we know about your pet?

4. Pet's Name _____ Birth Date ____/____/____ Weight _____ Lbs.
Species/Breed _____ Color _____ Male Female

Food Amount/Schedule _____

Medication Amount/Schedule _____

- Is there any person, animal or situation your pet has a problem with? Yes No
If so, please explain _____

- Has your pet bit any PERSON or ANOTHER ANIMAL? Yes No
If so, please explain _____

- Is your pet aggressive? Yes No
If so, please explain _____

- Does your pet have a medical condition your pet sitter should be aware of? Yes No
If so, please explain _____

-What else should we know about your pet?

5. Pet's Name _____ Birth Date ____/____/____ Weight _____ Lbs.
Species/Breed _____ Color _____ Male Female

Food Amount/Schedule _____

Medication Amount/Schedule _____

- Is there any person, animal or situation your pet has a problem with? Yes No
If so, please explain _____

- Has your pet bit any PERSON or ANOTHER ANIMAL? Yes No
If so, please explain _____

- Is your pet aggressive? Yes No
If so, please explain _____

- Does your pet have a medical condition your pet sitter should be aware of? Yes No
If so, please explain _____

-What else should we know about your pet?



6. Pet's Name _____ Birth Date ____/____/____ Weight _____ Lbs.
Species/Breed _____ Color _____ Male Female

Food Amount/Schedule _____

Medication Amount/Schedule _____

- Is there any person, animal or situation your pet has a problem with? Yes No
If so, please explain _____

- Has your pet bit any PERSON or ANOTHER ANIMAL? Yes No
If so, please explain _____

- Is your pet aggressive? Yes No
If so, please explain _____

- Does your pet have a medical condition your pet sitter should be aware of? Yes No
If so, please explain _____

-What else should we know about your pet?

7. Pet's Name _____ Birth Date ____/____/____ Weight _____ Lbs.
Species/Breed _____ Color _____ Male Female

Food Amount/Schedule _____

Medication Amount/Schedule _____

- Is there any person, animal or situation your pet has a problem with? Yes No
If so, please explain _____

- Has your pet bit any PERSON or ANOTHER ANIMAL? Yes No
If so, please explain _____

- Is your pet aggressive? Yes No
If so, please explain _____

- Does your pet have a medical condition your pet sitter should be aware of? Yes No
If so, please explain _____

-What else should we know about your pet?

8. Pet's Name _____ Birth Date ____/____/____ Weight _____ Lbs.
Species/Breed _____ Color _____ Male Female

Food Amount/Schedule _____

Medication Amount/Schedule _____

- Is there any person, animal or situation your pet has a problem with? Yes No
If so, please explain _____

- Has your pet bit any PERSON or ANOTHER ANIMAL? Yes No
If so, please explain _____

- Is your pet aggressive? Yes No
If so, please explain _____

- Does your pet have a medical condition your pet sitter should be aware of? Yes No
If so, please explain _____

-What else should we know about your pet?

