

Donna's Pet Sitting

fostermomtokitties@gmail.com

226-988-5094 (Cell)

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## Pet Information

Client Name: \_\_\_\_\_

Please complete a separate form for each pet if needed.

Pet Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Vaccinations: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Microchip?    YES    NO    (If yes, please provide company name, phone and Microchip ID below)

\_\_\_\_\_

Has your pet been sick in the past 30 days? If yes, describe the illness:

\_\_\_\_\_  
\_\_\_\_\_

Is your pet on any medication? List them below with instructions on how to administer and how often.

*Please note we don't administer injections of any kind.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet require any special care?

\_\_\_\_\_  
\_\_\_\_\_

Any allergies or sensitivities?

\_\_\_\_\_  
\_\_\_\_\_

Any behavioral issues?

\_\_\_\_\_  
\_\_\_\_\_

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Describe your pet's personality. Any fears or phobias? History of biting?

Any physical condition we need to be alert to?

What type of food does your pet eat? List all food(s) including brand and type (wet/dry) and how many times your pet needs to be fed per day. *You must provide enough food for the duration of the service or leave money to purchase food.*

Activities/exercise allowed? If so, what are your pet's favourite activities/exercises/play time?

Does your pet allow brushing and grooming? What are your grooming preferences?

Where are your pet's favorite hiding places?

We assure you that your pet will have the best care, get lots of attention, and be loved while you are away. List below any other concerns or information we may need to give your pet the best care possible:

In the event of your pet's death during your absence, what arrangements should be made?

Signature

Date