



Petsittingbycindy.business.blog

208-315-5558

Pet Sitting by Cindy



## Pet Care Information

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Visit Dates and Times:

From \_\_\_\_\_ To \_\_\_\_\_

Number of Visit per day: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

### Pet Information

Number of Pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed \_\_\_\_\_ Age: \_\_\_\_\_

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Is your pet spayed/neutered? Yes ☐ No ☐

Does your pet have any health issues? Yes ☐ No ☐

If so, please explain \_\_\_\_\_

### Dogs:

Location of bowls/food/treats \_\_\_\_\_

Brand of food \_\_\_\_\_

Feeding amount \_\_\_\_\_ Times per day \_\_\_\_\_

Location of leashes \_\_\_\_\_ Poop bags \_\_\_\_\_ Toys \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication Type and Dosage: \_\_\_\_\_

Cleanup supplies for accidents \_\_\_\_\_

Where to leave dog after visit: Kennel ☐ In a specific room ☐ Free to roam entire house ☐

Other \_\_\_\_\_

# Pet Sitting by Cindy



## Behavioral Problems:

Aggression toward dogs or people? Yes ☐ No ☐

If so which: Dogs ☐ People ☐

Separation anxiety: Yes ☐ No ☐

If so, please explain: \_\_\_\_\_

House training: Yes ☐ No ☐

Leash reactivity: Yes ☐ No ☐

Favorite hiding spots: \_\_\_\_\_

## Cats:

Location of bowls/food/treats \_\_\_\_\_

Brand of food \_\_\_\_\_

Feeding amount \_\_\_\_\_ Times per day \_\_\_\_\_

Litter box supplies \_\_\_\_\_ Toys \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication Type and Dosage: \_\_\_\_\_

Cleanup supplies for accidents \_\_\_\_\_

Where to leave pet after visit: Kennel ☐ In a specific room ☐ \_\_\_\_\_

Free to roam entire house ☐

Other \_\_\_\_\_

Behavioral problems: Biting ☐ Scratching ☐ Separation anxiety ☐

Other \_\_\_\_\_

## OTHER PETS :

Type: Rodents \_\_\_\_\_ Reptiles \_\_\_\_\_ Birds \_\_\_\_\_ Rabbits \_\_\_\_\_

Other \_\_\_\_\_

Type of food \_\_\_\_\_ Feeding amount \_\_\_\_\_ Times per day \_\_\_\_\_

Location of cage \_\_\_\_\_ Cleaning supplies \_\_\_\_\_

How often to clean cage \_\_\_\_\_ Where to dispose of waste \_\_\_\_\_

Type of enrichment/play activities if any \_\_\_\_\_

Does your pet bite? Yes ☐ No ☐ If yes please explain: \_\_\_\_\_

# Pet Sitting by Cindy



## IMPORTANT PHONE NUMBERS:

Main contact number(s)\_\_\_\_\_

Neighbor , friend or family number\_\_\_\_\_

Will pet care duties be shared with anyone not affiliated with Pet Sitting by Cindy? YES ☐ NO ☐

Details of job sharing arrangements\_\_\_\_\_

Name and Phone number of person sharing Responsibilities\_\_\_\_\_

HOME CARE: Lights rotated? ☐ Draperies/blinds ☐ Water house plants ☐

TV/Stereo ☐ Bring in newspaper ☐ Mail ☐ Mail box #\_\_\_\_\_

Location of trash can\_\_\_\_\_

Trash pickup date and time\_\_\_\_\_

YARD CARE: Pooper scooper location\_\_\_\_\_

Where to dispose of waste?\_\_\_\_\_

Location of sprinklers\_\_\_\_\_Frequency/duration\_\_\_\_\_

Hand Watering of outdoor plants ☐ Frequency\_\_\_\_\_

KEYS House key tested ☐ Gate key tested \_\_\_\_\_ Mail box key tested ☐

Does anyone else have a key to your house? Yes ☐ No ☐

If YES, who:\_\_\_\_\_

OTHER INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAYMENT OPTIONS: Cash ☐ Check ☐ Credit Card ☐