



Paw-fectly Pampered Pet Sitting

## Pet Information

209-226-5100  
pawfectlypampered@gmail.com

Pet Owner: \_\_\_\_\_  
Please fill out a Pet Information form for each pet so I have a record of their identification, health and behavior.

### **Pet Identification:**

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

Type of Animal (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Spayed/Neutered?  Yes  No

Health Issues (describe medications on a medication form): \_\_\_\_\_

### **General Habits:**

Does he/she have problems going outside in bad weather? \_\_\_\_\_

What is your pet's favorite playtime activities? \_\_\_\_\_

What and where are his/her favorite toys? \_\_\_\_\_

### **DOGS:**

#### *Walks – An Additional Service*

Is the pet leash trained?  Yes  No

Where is the leash? \_\_\_\_\_ Where do you generally walk your dog? \_\_\_\_\_

Are dogs allowed outside in fenced area? Yes  No

Does your pet come when called? Yes  No  What calls to they respond to? \_\_\_\_\_


#### **Interactions with others**

Are there any animals or people the pet should stay away from? \_\_\_\_\_

How does he/she react to strangers? \_\_\_\_\_

Has he/she ever attacked anyone? \_\_\_\_\_

Any reasons we might use caution with your pet(s)? \_\_\_\_\_

 <p>Paw-fectly Pampered Pet Sitting</p>	<h2 style="text-align: center;"><u>Pet Information</u></h2> <p style="text-align: right;"><b>707-472-0792</b> <b>pawfectlypampered@gmail.com</b></p>
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Pet Owner: \_\_\_\_\_

**Cats:**

Do you use a liner in the litter box? If so, where do you keep them: \_\_\_\_\_

Where do you keep the litter? \_\_\_\_\_ Where do you dispose of used litter? \_\_\_\_\_

How often do you change the litter? \_\_\_\_\_ How often do you scoop the litter? \_\_\_\_\_

Are cats allowed outside? Yes  No  Do your pets come when called? Yes  No

What calls to they respond to? \_\_\_\_\_

Any reasons we might use caution with your pet(s)? \_\_\_\_\_

**All Pets:**

Does your pet ever have accidents on the floor/carpet? Yes  No

If so, how do you clean up the mess? \_\_\_\_\_

Do you put the waste in plastic bags? If so, where are the bags kept? \_\_\_\_\_

Where do you dispose of the waste? \_\_\_\_\_

**Food/Water:**

Do you feed your pet dry food? Yes  No  If so, how much? \_\_\_\_\_

Do you feed your pet wet food? Yes  No  If so, how much? \_\_\_\_\_

Where do you keep the food? \_\_\_\_\_ Where do you feed them? \_\_\_\_\_

How many times a day is he to be fed and at what times? \_\_\_\_\_

Do you give him tap water or filtered water? \_\_\_\_\_

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**PET INFORMATION SHEET** *(Please list pets individually)*

Pet Name: \_\_\_\_\_ Dog  Cat  Other: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Pets age (approx.): \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Fears or anxieties? \_\_\_\_\_

Past history of illness? \_\_\_\_\_ Current on vaccines? \_\_\_\_\_

Pet and people friendly? \_\_\_\_\_ Any history of biting? \_\_\_\_\_

AM Diet: \_\_\_\_\_ PM Diet: \_\_\_\_\_

Medications: \_\_\_\_\_ Instructions: \_\_\_\_\_

Favorite toys/Special treats: \_\_\_\_\_

Any restrictions? \_\_\_\_\_

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Medications: \_\_\_\_\_ Instructions: \_\_\_\_\_

Favorite toys/Special treats: \_\_\_\_\_

Any restrictions? \_\_\_\_\_

*Please print additional copies of this sheet or use back for additional pets and/or pertinent information you would like for us to know*

Any special notes that you feel are relevant to the care of your pets? Please continue on back if necessary.

