



Pet Information Form

(for multiple pets, complete one form per pet)

We ask many questions in order to best protect your pets and other clients' pets. Detailed information enables us to use extra care and to take any necessary preventative measures while providing for every pet in our care.

Client Name: _____

Pet Name: Dog Cat Bird Other _____

Microchip # _____ Sex: Female Spayed? No Yes Male Neutered? No Yes

Colour: _____

Distinctive markings: _____

Breed: _____ Pet Date of Birth: _____ Weight: _____

Pet's collar colour: _____

How do you describe your pet's personality? _____

Friendly Easy-going Aloof Excitable Stubborn Meek Other _____

Attitude toward strangers?- (circle relevant ones)

Excited Friendly Aloof Cautious Stressed Scared Defensive Mean Indifferent

Has your pet ever snapped at, bitten, or acted aggressively anyone? Yes No

If yes, please explain: _____

Is your pet good with children? Yes No

Does your pet have a history of biting or fighting with other animals? Yes No

Are you aware of any reason we should approach your pet with caution?

How does your pet react to your absence from home?

Favorite toys / activities / special words?

May pet sitter give your pet treats? Yes No Yes, but only this kind _____

Does your pet like to be brushed or combed? Yes No

Does your pet like to be held? Yes No

Favorite places to hide _____

What is your dog's favorite walking route? _____

Is your yard fenced? Yes No Does your dog use a pet door? Yes No

Where should pet waste be disposed of? _____

How many litter boxes in use? _____ Location(s) _____

Where is fresh litter stored? _____

Litter box(es) are completely emptied and replenished with new litter _____ times per week.

Dispose of dirty litter how? _____

Feeding Instructions: quantities, special preparation instructions, etc.

A.M.

P.M.

Feed pets together separately

For multiple pets: Please describe which dish belongs to which pet and where each pet prefers to eat:

—

—

Brand of pet food used:

Where is pet food stored?

PLEASE LIST THE LOCATION OF THE FOLLOWING

Leashes	Toys
Carriers	Can opener/scissors
Brushes	Treats
Medications	Doggie towels

Medications

Name of Medication	When to administer	Dose	How to administer

History of illness? Yes No **If yes, explain:**

Dollar limit on emergency care: \$ _____

I certify that all of the above information is true and correct to the best of my knowledge, and that I will notify here2bhelpful concierge services of any changes to the above prior to the start of any Service period.

Client _____ Date ____/____/_____

Print name: _____