



TALK TO THE ANIMALS

PET SITTING

Client Information Sheet

Name _____

Address _____

Telephone (Home) _____ (Work) _____ (Cell) _____

e-mail address _____

Name of Pet _____ Breed of Pet _____ Sex _____

Name of Pet _____ Breed of Pet _____ Sex _____

Name of Pet _____ Breed of Pet _____ Sex _____

Name of Pet _____ Breed of Pet _____ Sex _____

Veterinarian _____ Vet Address _____

Vet Phone _____ Any Health Concerns _____

Medication _____ How much _____ How often _____

Local emergency contact _____

Other Pertinent Information: (i.e. feeding instructions, location of treats, walks, mail, turn on lights)

Do you want any of these services while you are away?

Mail pick-up: _____ Trash to the curb: _____ Day of the week: _____

In case of severe weather conditions or other situations that would prevent us from visiting your pet, please provide the phone number of a neighbor , with access to your home, which will be able to care for your pet in such an emergency _____