Pet Sitter Checklist

Pet & Owner Information

Pet's Name: _____ **Species / Breed:** _____

Age: _____ **Weight:** _____

Color / Markings: _____ **Spayed / Neutered:** _____

Owner's Name: _____ **Owner's Phone:** _____

Owner's Email: _____

Travel Destination: _____ **Return Date & Time:** _____

Feeding Routine

Food Brand & Type: _____ **Food & Ingredients to Avoid:** _____

Treats: _____

(type, how often, max per day)

Feeding Schedule

Time	Meal	Portion	Notes

Exercise & Enrichment

Walk / Activity Schedule: _____

Favorite Toys & Play Routines: _____

Behavior Notes: _____

(other dogs, strangers, loud noises, etc.)

faithful friends
veterinary clinic & cat specialty center

Pet's Primary Vet Clinic Information

6780 Liggett Road,
Dublin, OH 43016

614.389.0997
faithfulfriendsvetclinic.com

Medications & Supplements

Medication/ Supplement	Dosage	Time(s)	How to Give	Side Effects to Watch

Bathroom Instructions

Potty Break Schedule / Litter Box Routine: _____

Location of Supplies: _____

Household Habits

Typical Daily Routine: _____

Sleeping Spot & Bedtime: _____

Add'l. House Rules: _____ **Anxieties / Triggers:** _____

Emergency Contact

Name: _____ **Phone:** _____

Important Documents

Microchip Number: _____ **Microchip Registry / Company:** _____

Insurance Provider: _____ **Insurance Policy Number:** _____

Home Essentials

Wifi Name & PW: _____ **Add'l. Home Instructions:** _____

Pet Food / Treats: _____ **Pet Carrier:** _____

Leash / Harness: _____ **Cleaning Supplies:** _____

faithful friends
veterinary clinic & cat specialty center

Pet's Primary Vet Clinic Information

6780 Liggett Road,
Dublin, OH 43016

614.389.0997
faithfulfriendsvetclinic.com