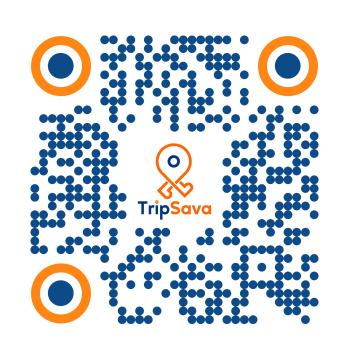
Pet Sitter Checklist





t date		End date			
Before leaving					
Confirm dates and times with pe	et sitter				
Review information and instructi					
		ng food, medications, pet supplies, and toys			
Complete the pet form					
How to reach me					
Owner's name :	Phone :	Alternate phone :			
Address:					
Alarm code :	Garage code :	Other:			
Wi-Fi Network :	Wi-Fi Password :				
Travel information					
Where we will be:	Phone	2:			
When leaving :					
When returning :					
Travel information :					
Additional contacts					
Emergency contact name :	Phone	e number :			
Alt emergency contact name :	Phone	e number :			
Veterinarian clinic :	Phone number:	Address :			
Emergency animal hospital :	Phone number:	Address:			
Permission to authorize treatment :	O Yes O No O Call me	Pet insurance name & number :			
	Additional Information	ation			

Pet Sitter Checklist





et name :		Т	ype: ODog OCat	Sex: OMale OFemale	
Breed:		N	leutered / Spayed (desexe	ed): OYes ONo	
Allergies / health Conditions :		N	1edication :		
Behaviors: O House trained O Good with other	dogs		aration anxiety f loud sounds	Good with childrenAllowed offleash	
Daily overview	Feeding				
: Wake up ::	Morning time :		Type & amount :		
	Afternoon time :	me : Type & amount :			
•	Evening time :		Type & amount :		
•	Treats type:		Frequency & amount :		
•	Dietary restrictions :				
•	Walks				
•	Routes:				
Bedtime	Triggers:				
	Commands:				
Favorite things			Quirks		
oys:			Fears:		
Sleeping spot :			Odd habits :		
Other:			Other:		
Rules and routines					
et house rules (areas in your hom	e the pet is allowed	d/not allowed)	•		
Bedtime routines :					
Bathroom breaks/habits :					
arooming and cleaning :					