

PET SITTING CHECKLIST

Thank you for taking good care of my companions!

Pet Name(s)	Description	Food, Amount & Frequency (always abundant hay!)	Normally eats all/half/little

If not eating normally, please try these special foods as well:

If stops eating or is not eating normally, please call ☐ me / ☐ veterinarian

Exercise: Let out of cage for _____ minutes _____ times per day

Other exercise instructions: _____

Litter box instructions: To clean: _____

Frequency: freshen _____; change _____ ☐ Line with newspaper

Amount of litter: _____; Put hay in: ☐ front half of litterbox / ☐ separate box / ☐ hay rack

If not defecating often every day (see attached photo for normal litterbox) or other irregularities in appearance or behavior, please call ☐ me / ☐ veterinarian

Vet Info:

☐ blank check made out to vet with note re: max amount to spend attached

☐ arrangements for payment made with vet before leaving)

Vet & Clinic Name: _____

Clinic Address & Phone: _____

Alternate Vet/Emergency Clinic: _____

Alternate Clinic Address &

Phone: _____



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Special Medical Needs/Instructions Attached ☐

My/Our Travel Info:

Staying at _____ Address: _____

Phone Number: _____ Cell Phone Number(s): _____

Leaving Home on ____/____ at _____ am pm Returning Home on ____/____ at _____ am pm

In Case of Emergency, Please Contact:

Name	Phone	Email/Other Contact Info
1.		
2.		
Landlord/Condo Board contact:		
(Emergency Boarding Service):		

Electrical Emergency: Breaker/fuse box is located _____

How to reset: _____

Water Emergency: Water shut-off valve is located _____

How to shut off (e.g., special tool?): _____

If Extra Supplies Are Needed:

☐ Storage Area in My/Our Home: _____

☐ Purchase at Store: Store Name, Address & Phone: _____

