



LEXINGTON AREA PET SITTING INFORMATION FORM

Contact Date _____

Interview Date/Time _____

Initial Service Requested _____

Client Information

Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

Employer _____ Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ Email Address _____

Emergency Contact _____ Contact's Phone # _____
(Must be a person with access to client's home, preferably in walking distance.)

In the event of **your** severe injury or death while your pet/home is in our care, who would you like to assume long term care of your pet(s)? Please provide name, relationship & phone #:

Travel Address _____ City _____ Phone _____

Travel Notes. _____

Any other contact info _____

General Pet Information

Location of pet food _____ Additional pet food location _____

Are there areas of your home which are "off limits" to pets? _____

Veterinarian _____ Phone _____

(In the event your regular vet is unavailable, we will seek medical treatment from another vet.)

In the event of your pet(s) death while in our care, what would you like us to do?

Home Vacation Services Information

Mail pick-up: Y N Newspaper: Y N am / pm Trash: M T W TH F ST SN

Plants watered : Y N Inside Lights: Y N Outside Lights: Y N

Home care notes: _____

PET #1 SPECIFIC INFORMATION

Pet #1 Name _____ Gender M F Breed _____

Pet is (circle one): Spayed Neutered or Intact Age _____ DOB _____

Pet's collar color _____ Distinguishing marks/traits _____

Rabies vaccine date _____ Other vaccines/dates _____

Daily # of feeding times _____ Brand/flavor of pet food _____

Amount to feed each time _____

Is your pet on any medications, if so, list _____

Any allergies or medical problems? Please describe _____

How does your pet react to your absence from home &/or to strangers or other animals?

(Fearful, shy, likely to greet anyone eagerly, etc.?)

Is there any reason we should use caution when approaching pet? If so, describe:

(i.e.: deafness, blindness, a jumper, fear aggression, afraid of men, uncontrollably excited, etc.)

Pet #1 care notes (Include any favorite toys, games, etc. which would enhance pet's enjoyment of our visit)

PET #2 SPECIFIC INFORMATION

Pet #2 Name _____ Gender M F Breed _____

Pet is (circle one): Spayed Neutered or Intact Age _____ DOB _____

Pet's collar color _____ Distinguishing marks/traits _____

Rabies vaccine date _____ Other vaccines/dates _____

Daily # of feeding times _____ Brand/flavor of pet food _____

Amount to feed each time _____

Is your pet on any medications, if so, list _____

Any allergies or medical problems? Please describe _____

How does your pet react to your absence from home &/or to strangers or other animals?

(Fearful, shy, likely to greet anyone eagerly, etc.?)

Is there any reason we should use caution when approaching pet? If so, describe:

(i.e.: deafness, blindness, a jumper, fear aggression, afraid of men, uncontrollably excited, etc.)

Pet #2 care notes (Include any favorite toys, games, etc. which would enhance pet's enjoyment of our visit)

PET #3 SPECIFIC INFORMATION

Pet #3 Name _____ Gender M F Breed _____

Pet is (circle one): Spayed Neutered or Intact Age _____ DOB _____

Pet's collar color _____ Distinguishing marks/traits _____

Rabies vaccine date _____ Other vaccines/dates _____

Daily # of feeding times _____ Brand/flavor of pet food _____

Amount to feed each time _____

Is your pet on any medications, if so, list _____

Any allergies or medical problems? Please describe _____

How does your pet react to your absence from home &/or to strangers or other animals?

(Fearful, shy, likely to greet anyone eagerly, etc.?)

Is there any reason we should use caution when approaching pet? If so, describe:

(i.e.: deafness, blindness, a jumper, fear aggression, afraid of men, uncontrollably excited, etc.)

Pet #3 care notes (Include any favorite toys, games, etc. which would enhance pet's enjoyment of our visit)

PET #4 SPECIFIC INFORMATION

Pet #4 Name _____ Gender M F Breed _____

Pet is (circle one): Spayed Neutered or Intact Age _____ DOB _____

Pet's collar color _____ Distinguishing marks/traits _____

Rabies vaccine date _____ Other vaccines/dates _____

Daily # of feeding times _____ Brand/flavor of pet food _____

Amount to feed each time _____

Is your pet on any medications, if so, list _____

Any allergies or medical problems? Please describe _____

How does your pet react to your absence from home &/or to strangers or other animals?

(Fearful, shy, likely to greet anyone eagerly, etc.?)

Is there any reason we should use caution when approaching pet? If so, describe:

(i.e.: deafness, blindness, a jumper, fear aggression, afraid of men, uncontrollably excited, etc.)

Pet #4 care notes (Include any favorite toys, games, etc. which would enhance pet's enjoyment of our visit)

