



# PETTING SITING INSTRUCTIONS



## JUST LIKE HOME PET SITTING



Pet Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_

Microchip #: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Breed: \_\_\_\_\_



Please initial that your pet is up-to-date with flea medication: \_\_\_\_\_

### YOUR PET'S NATURE

#### When Out Walking:

- Ignores other dogs and people
- Shows interest in other dogs and people but keeps walking
- Growls, becomes aggressive

#### Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_



Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Known Commands: \_\_\_\_\_

### OWNER'S INFO

Owner Name: \_\_\_\_\_

Morning Amount: \_\_\_\_\_

Contact #: \_\_\_\_\_

Evening Amount: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Treats/Snacks: \_\_\_\_\_

Return Date: \_\_\_\_\_

Medications: \_\_\_\_\_

#### Items to Bring

##### Must:

- Food
- Leash

Puppy Pads - If pet is not fully trained

##### Optional:

- Dog Bed
- Treats
- Toys

### FEEDINGS

### VET INFO



Regular Vet: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_

Notes: \_\_\_\_\_