

PET CARE INSTRUCTIONS



Name of pet(s) and briefly describe pet(s)

1)
2)
3)
4)

Best way to contact pet owner

Phone	E-mail	Text Message

Instructions

Meals and snacks:
Walk schedule:
Allergies:
Medications:
Hiding places:
Favorite toys or games:

Additional information

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Picture of pet(s) sent to pet owner via E-mail or text message while visiting pet(s)?

YES NO

Pet medical emergency information

Regular veterinarian (name, address, and phone)
Emergency veterinary clinic (name, address, and phone)
Neighbor or friend (name and phone)
Permission to authorize emergency medical care for pet(s) deemed necessary by a veterinarian and pet owner will be responsible for full payment at such care. YES NO CALL US FIRST
Signature:

Preferred method of payment for pet sitting services:

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Signature _____ Date _____