



KMV and Friends Pet Sitting

Your pet's other best friend

Pet Information Sheet

One per pet

Pet Name: _____ Sex: _____ Intact/Altered: _____

Species: _____ Breed: _____ DOB: _____

Color/Markings: _____

Breeder/Rescue Acquired From: _____

Veterinarian: _____ Trainer: _____

**** IMPORTANT ****

- Not friendly w/dogs
- Not friendly w/cats
- Not friendly w/adults
- Not friendly w/children
- Tries to escape
- Aggressive with people
- Aggressive with pets
- Medical Concerns

Behavior Notes

- Jumps
- Barks when you enter
- Fence Jumper
- Skittish with strangers

Feeding Notes

- Food allergies
- Medications
- Fresh water

When Alone, My Pet

Stays:

- Crated
- Gated in room
- Loose in house
- Outside
- Garage
- Other: _____

Cat Sitting Specifics

- Scoop litterbox
- Indoor cat
- Indoor/outdoor cat: ALL cats will be kept indoors during assignment

Dog Walking Specifics

- Leash Reactive
- Special Harness
- Specify: _____
- Training Collar
- Specify: _____

Feeding Time(s): _____ Amount: _____

Brand of Food: _____

Rabies Expiration: _____

Medical Concerns: _____

Medication/Dose/Frequency: _____

Personality Notes: _____

Training Commands: _____

Pet Carrier(s): _____ Pet Supplies: _____

Other Notes: _____
