

Pink Paws Pet Care

PET & OWNER INFORMATION SHEET



WHEN ONLY THE BEST PET CARE WILL DO, YOU CAN COUNT ON US TO FOLLOW THROUGH!

Pet Sitting & Drop-In Form

Today's Date: _____

Your Full Name: _____

Cell Phone: _____ Home Phone: _____

E-Mail Address: _____ Work Phone: _____

Primary Method of Contact (please circle one): Email / Cell / Home

Address: _____

At what time do you typically leave for work? _____ AM / PM

At what time do you typically return home? _____ AM / PM

Where do you want your pet placed after his/her visit? (Please check one)

Crate Room Pen Free to roam Other (please specify)

DOG OWNERS: Do we have your permission to supervise your dog in a public dog run? Yes / No

House Rules (e.g. Thermostat Temperature, Off-Limit Areas):

Pet's Name: _____ **Sex:** _____

Breed: _____ **Age:** _____

Color: _____ **DOB:** _____

Service Dates Requested

(For recurring walks and/or visits only)

From (Date): _____

To (Date): _____

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
<i>Date: mm/dd</i>							
Morning (8 AM - 12 PM)							
Afternoon (12 PM - 4 PM)							
Evening (5 PM - 9 PM)							
Hour total =							
Minute total =							

Food & Treats

Dietary Restrictions: _____

Food Allergies: _____

Stomach Sensitivities: _____

Meal Type	Time	Quantity
Breakfast	<i>A.M.</i>	
Lunch		
Dinner	<i>P.M.</i>	

Food Location: _____

Specific Meal Instructions: _____

Feed separate Supervise Dispose of uneaten food Remove after ____ min.

Are Treats Allowed? Y / N

When do you regularly give your pet treats? _____

Health & Behavior

Overall, would you say your pet is usually:

Friendly / Aggressive / Submissive / Assertive / Shy / Indifferent / Bossy / Playful

---- Please answer the following questions with a Yes (Y) or No (N) ----

My pet is afraid of thunderstorms: Y / N

Has problems chewing: Y / N

Current on vaccines? (Bordetella, Distemper, Parvovirus, Rabies, FVRCP, Feline Leukemia): _____

Allergies: _____

Medical Condition(s): _____

Medication	Time	Quantity

Do we have permission to use photos of your pet(s)?

*Is there anything else you'd like to share about your pet?
(Phobias, favorite toys, hiding places, funky mannerisms, favorite areas to be pet)*

Emergency Information

Veterinarian: _____ Phone Number: _____

Address: _____

Guardian: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

I HEREBY DECLARE that, to the best of my knowledge, all the information provided above is true and accurate

Signature

Full Name (Printed)