

Sit-Stay-Home Pet Care LLC

1147 Valley Ave SW
Roanoke, VA 24015
540-871-3702

Owner:

Address:

Email:

Length of time owned:

Breed:

Physical Description:

Pet Name:

Phone:

Pet Type:

Sex: M/F Neutered: Y/N

Age:

Weight:

Feeding Schedule

- Feed apart from other pets Dispose of uneaten food
 Remove uneaten food after ___ minutes

Dry food:
Wet Food:
Medications: (please list dosage and frequency)

Pet's living area

<input type="checkbox"/> NOT allowed outdoors
<input type="checkbox"/> ONLY allowed outdoors on leash
<input type="checkbox"/> Turn out, Secure yard
<input type="checkbox"/> Turn out, invisible fence
<input type="checkbox"/> NOT allowed indoors
<input type="checkbox"/> Allowed on furniture, counters, beds
<input type="checkbox"/> Restrict pet in crate/pet area when alone
<input type="checkbox"/> Restrict pet in crate/pet area at all times Restricted area/crate location:

Other off limits areas:

Emergency Care:

(placing credit card on file at vets is recommended)

Vet name: Pet Allergies:

Clinic name: Phone:

Heartworms test: Negative/Positive

Vaccinations up to date: Y/N

Pet Guardian:

Pet Medical History:

(known illnesses, injuries, medications)

Temperament/Personality:

Pet doesn't like:

- Baths
- Hot days
- Sharing food dishes
- Nail clip
- Rain/snow/cold
- Loud Noises
- Touch ears
- New animals
- Sprays
- Other family pets
- People near food

Pet reacts to above by:

Has pet ever:

- Attacked or bit someone
- Attacked another animal
- Injured self/escaped out of fear
- Injured self out of boredom
- Escaped from home

(Where does pet like to hide?

How can pet be retrieved?)

Basic Commands:

Allowed to go for rides in pet sitter vehicle? Y/N

May play with pet sitters personal pet for socialization? Y/N

Favorite games, toys, activities:

Comments/special instructions:

Signature: _____ Date: _____