

ALL CRITTER PETSITTING, LLC

PET PROFILE

(Please fill out a separate Profile for each pet)

GENERAL INFORMATION

Pet Name _____ Cat ___ Dog ___ Other _____ Female ___ Spayed ___ Male ___ Neutered

Color _____ Breed _____ Pet's Date of Birth ___/___/___

Current Weight _____

Describe your pet's personality _____

Favorite toys and special treats _____

May your sitter give your pet treats? **Y / N**

Is your pet good with children? **Y / N** Do you want your sitter to groom your pet (comb / brush)? **Y / N**

Are you aware of any reason we should approach your pet with caution? **Y / N**

Attitude toward strangers, **Circle all that apply:**

Excited --- Friendly--- Aloof--- Cautious---Stressed--- Scared ---Mean--- Indifferent

How does your pet react to your absence from home?

Does your pet have a history of biting or fighting with other animals? **Y / N** If yes, explain

How many litter boxes do you have? _____ Where are they located?

Dispose of dirty litter how/where? _____

Fresh litter is kept where? _____

FEEDING INSTRUCTIONS

___ A.M. Amount _____ Mid-Day Amount _____ P.M. Amount _____

Where is food located? _____

Feeding location **Inside / Outside** Where _____

MEDICATIONS

Name of Medication, When to Administer, Amount, How Administered

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Please be sure to leave a can opener, measuring cups, fork, medication, paper towels, etc. out

EXERCISE INSTRUCTIONS

Daily exercise to be given? **Y / N** If Yes, where are Doggy Bags located? _____

Where do you dispose of pet waste? _____

Pet's collar color? _____ ID Tags? **Y / N**

VETERINARIAN INFORMATION

Veterinarian Name _____ Phone _____

Address _____

Rabies shot valid through? ___/___/___ [INFORMATION VERIFIED ___/___/___]

DHLPP shot valid through ___/___/___ [INFORMATION VERIFIED ___/___/___]

History of illness? **Y / N** If Yes, explain _____

\$\$ Limit on emergency care? \$ _____

I certify that all of the above information is true and correct, to the best of my knowledge, and that I will notify All Critter Pet Sitting, LLC of any charges to the above prior to the start of any Service Period.

Client Signature _____ **Date** ___/___/___

**ALL CRITTER PETSITTING, LLC
P.O. BOX 56381
VIRGINIA BEACH, VIRGINIA 23456
PHONE; 757-301-7384**