



Raleigh Pet Sitters

919-605-5133

www.RaleighPets.com

General Information

Your Name _____

Address _____

Phone # _____

Cell # _____

E-Mail Address _____

How did you hear about us? Search Engine Yellow Pages
 Vet Flyer Friend Their Name _____

Dog # 1 Name _____

Age _____ Date of Birth _____ Breed _____

Sex: Male Female Fixed? Y N Color _____ Weight _____ lbs.

Any behaviors or problems to be aware of: _____

Any health concerns, MEDICINES or food allergies that we should know about?

Dog # 2 Name _____

Age _____ Date of Birth _____ Breed _____

Sex: Male Female Fixed? Y N Color _____ Weight _____ lbs.

Any behaviors or problems to be aware of: _____

Any health concerns, MEDICINES or food allergies that we should know about?

Are your animals Current on their Rabies Shots?? Yes No

If not they will need to be before we can begin service, we come into contact with many animals and can't risk the health of others. This is **VERY IMPORTANT** for you to do as an animal owner. We also prefer that dogs be wearing their collars with the rabies tag attached to it for safety reasons.

Does your dog/dogs wear different leashes for walks, such as a harness, gentle leader, choke chain or prong collar? If so list what they wear, when....

Location of poop bags / grocery bags for picking up? _____

Does your pet do well on walks? YES NO, if no please explain _____

How does your pet do when coming into contact with other animals on a walk?

Do your dog/dogs have a favorite game, activity, tricks or words??

Favorite Treats, Where are they kept and how many/often do you give them?

Where is Food Kept? _____

Specific feeding instructions: Fill out what applies to you

Give _____ cups / scoops in the AM, Add: _____

Give _____ cups / scoops in the PM, Add: _____

Favorite Place to go Potty Outdoors? _____

Any Contagious Illness? Yes _____ No _____ If Yes Please Explain _____

Cleaning method for any accidents & location of supplies: _____

CATS

Name of Cat #1 _____

Age _____ Breed _____ Sex M F

Fixed? Y N Declawed? Y N Color _____

Any health concerns, MEDICINES or food allergies that we should know about?

Name of Cat #2 _____

Age _____ Breed _____ Sex M F

Fixed? Y N Declawed? Y N Color _____

Any health concerns, MEDICINES or food allergies that we should know about?

Where is Food Kept? _____

Specific feeding instructions:

Treats? Where are they kept and How many?

Litter Box, Scoop & Bags Location?

Does your litter box require changing during my service? Yes NO

If Yes, what do you normally do?

And lastly we have the dreaded question we don't like to ask but we need to know. If something terrible happens to your pet while you are gone, do you want to be contacted or wait till you get back home to find out? We of course, will take your pet to your vet and have it held their awaiting your return unless you choose cremation and want it done and you pick up ashes on your return home, we will not make euthanasia decisions though and will contact you if that is the case -

Yes, Contact Me

No, I rather not have it ruin my trip