

## Medical Information

Please print out additional pages for each pet, as needed.

Pet's Name & Description:

Type:  Dog  Cat  Bird  Other

Breed/Species:

Pet's Age:

How long have you lived with this pet?

Pet's Sex:  Male  Female

Neutered/Spayed:  Yes  No  N/A

Known allergies:

Current medications (Rx name and dosage):

Medical conditions/ vaccinations and medical history:

## Functional Information

### The Basics

It's easy to take for granted those things you know about your pets and do on a daily basis for their safety and comfort. Silver Whiskers Petsitting wants to make every effort to keep your pet's daily routine as normal as possible while you're away. Please take a few moments to think of things you can list here to help your petsitter maintain your pet's normal routine.

1. Where is your pet's food stored?

2. Where are all water bowls located?

3. Where will you leave pertinent information/ instructions for the petsitter?

4. Does your pet come when called?

Yes  No  Sometimes

• What is her recall word, i.e., what word do you use to call her, such as, "Sasha, come!"

5. Is there anything tricky about entering your home (such as separate keys for the deadbolt and door handle locks, jiggling required to get key to function properly, alarm system etc.)?  Yes  No • If yes, explain:

6. Is anyone besides Silver Whiskers providing petsitting assistance or otherwise entering your home while you're away?  Yes  No

• If yes, list his/her contact info:

7. Do you leave any lights on after dark?

Yes  No • If yes, indicate:

8. Where do you keep cleaning supplies in the event that cleanup of pet accidents is required?

9. Where do you keep pet carriers in the event an emergency trip to the vet is required?

## Functional Information

### The Specifics

#### Diet:

Brand name/type of food (for example: Wellness lamb-flavored dried kibble):

Special meal preparation instructions:

Time of day your pet usually eats his meal(s):

Location in house where your pet eats:

Are occasional treats allowed?  Yes  No

• If yes, how many and where are they kept?

• What's your "code name" for treats, *i.e.* the special word your pet will recognize (such as cookie, biscuit)?

## Special Needs:

Does your pet have any sensitive areas on his body that should be avoided when interacting?

Yes  No • If yes, explain:

Does your pet have any phobias, such as fear of thunderstorms, ball caps or the dark?

Yes  No • If yes, explain:

If your pet is on medication, is it a regular medication or a special regimen? And what condition does it treat?

• Please detail your pet's medication regimen, such as when to give the meds, how to administer them, whether to expect resistance from your pet during the process, and any other information that might help:

Does your pet have any other special needs?

Yes  No • If yes, explain:

Do you take any special precautions for your pets on a daily basis?

- Do you block your pet from staircases?  Yes  No
- Do you close off certain areas of the house from your pet or contain your pet within certain areas of the house when you're not home?  Yes  No
- If yes, explain:

• Do you leave a radio or television on to keep your pet company while you're away?

Yes  No • If yes, what station?

• Do you leave particular curtains open or closed, or lights on, during the day for your pet's benefit?

Yes  No • If yes, explain:

• Does your pet have a special bedtime routine?

Yes  No • If yes, explain:

• Any other precautions or needs to be aware of?

Yes  No • If yes, explain:

### **Dog-related Questions**

Do you take your dog on daily walks?

Yes  No • If yes, what is your usual route?

Are there any yards where you've noticed dogs off-leash?

Yes  No • If yes, where:

How does your dog behave on walks?

• Does anything your dog may encounter evoke adverse reactions?  Yes  No • If yes, explain:

• Does your dog bark at or lunge at joggers?

Yes  No

• At children?  Yes  No

• At other dogs?  Yes  No

• At squirrels or other animals?  Yes  No

• If yes, which animals:

• At cars/motorcycles/trucks?  Yes  No

• If yes, which vehicles:

• At bicycles?  Yes  No

Does your pet ever experience submissive urination?

Yes  No • If yes, explain:

### **Behavior:**

Is your pet ever aggressive?

Yes  No • If yes, explain:

Does your pet have any peculiar behaviors?

Yes  No • If yes, explain: