

Pet Sitter Check List

Pet Information Record (Print one record per pet)		
Pet's Name:		
Pet Breed:		
Special Markings:		
Age of Pet:		
Microchipped (Yes/No:)		
Special Health Concerns:		
Medications (location, dosage):		
Supplements:		
Treats:		
Feeding Schedule & Type of Food:	Breakfast: Lunch: Dinner:	
Favorite Toys:		
Additional Information:		



Pet Sitter Check List

My Contact Information		
My Cell Phone Number:		
Hotel/Location Where I Am Staying:		
Travel Schedule (Dates/Times):		
Hotel/Location Phone Number:		
Hotel/Location Address:		
Alternate Phone Number:		
Emergency Contacts		
Name:		
Relationship:		
Phone Number:		
Name:		
Relationship:		
Phone Number:		
Name:		
Relationship:		
Phone Number:		
Vet Contact Information		
Vet #1 Name:		
Vet Phone #:		
After Hours Phone #:		
Vet Address:		
Vet #2 Name:		
Vet Phone #:		
After Hours Phone #:		
Vet Address:		



Pet Sitter Check List

Nearest Animal Hospital		
Small Animal (Dog/Cat) Hospital Name:		
Hospital Phone #:		
After Hours Phone #:		
Hospital Address:		
Large Animal (Equine) Hospital Name:		
Hospital Phone #:		
After Hours Phone #:		
Hospital Address:		
Emergency Resources		
Poison Control Phone Number:		
Fire Department Phone Number:		
Police Station Phone Number:		
Additional Information		