Peace of Mind Pet Sitting Information Sheet

Contact Information

Pet's Name: _____ age: _____ Breed: _____

Pet's Name: _____ age: _____ Breed: _____

Pet's Name: _____ age: _____ Breed: _____

Pet's Name: _____ age: _____ Breed: _____

Owner's Name: _____ and _____

Address: _____

Best cell number to call: _____

Alternate cell number: _____

Email address: _____

Do you text? _____

Neighbor who is familiar with your pets and house:

  Name: _____

  Phone number: _____

Alarm system company phone number: _____

How to set alarm:

Alarm code: _____

Any other house information I may need:

Trash collection days:

How to dispose of pet waste:

Pet Care:

Feeding instructions:

Morning:

Evening:

All dogs are walked mornings and evenings, with a let-out or short walk around 9:00 pm.

Special instructions:
Food allergies or preferences:

Pet's favorite toy(s): _____ Where are they kept:_____
_____

Pet's favorite treat: _____

Pet's nickname if any: _____

Where do pets sleep: _____

Leash and collars for pets, and where are they kept: _____

Brushes for grooming: _____

Does your pet (s) like to play: (i.e., catch):

Does your pet (s) need special medication:

Can your pet(s) go off of property: _____

Veterinarian Release Form

Name of Vet: _____

Vet address: _____

Vet phone: _____

Vet emergency number: _____

This form will be retained on file and will be used to authorize veterinary treatment in the event that your
pet(s) require treatment during your absence, and I am unable to contact you at the time.

To whom it may concern: During my absence Charlene Hoffner will be caring for my pet(s). I give her my
permission to transport my pet(s) to my veterinarian (or to an emergency clinic). In the event I cannot be
reached, I authorize her to act as an agent on my behalf regarding my pets' medical care. I accept full
responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts:

Domestic Animals: $_____

Farm Animals: $_____