



## Pet Information Form

Pet(s) Name(s): \_\_\_\_\_ Age: \_\_\_\_\_

Male or Female? \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_

Breed: \_\_\_\_\_

Shots: \_\_\_\_\_

Is pet micro-chipped? Y/N

If yes, chip#: \_\_\_\_\_

Type of cat/dog food: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Play/Exercise: \_\_\_\_\_

Health concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

Games/toys: \_\_\_\_\_

Hiding Places: \_\_\_\_\_

Instructions for outdoor/indoor: \_\_\_\_\_

\_\_\_\_\_

Any behavior problems to be aware of: \_\_\_\_\_

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Petpals Pet Sitting \_\_\_\_\_ Date: \_\_\_\_\_