CHERISHED ONES PET SITTING

Pet Profile

Please fill out information for *each* pet.

Name of Pet:_________________________________ Type of Pet:________________________
Breed:_____________________ Color:____________ Weight:_________________________
Pet's age:____________ Last Rabies Vaccination date:____________
Sex: Female: Spayed YES NO Male: Neutered YES NO
Lic. #___________________ (for ID only)
ID Tags/Collar have current address & phone #: YES NO
Micro Chipped: YES NO Is your pet: Indoor only Outdoor only Both
Has your pet ever escaped from your yard or home YES NO If yes, please explain

FEEDING INSTRUCTIONS: (please circle)
Frequency: AM PM Both Food is: Wet Dry Portion: ____________________
Special feeding Instructions: ____
Location of Pet Supplies: __________________ Litter box located: __________________
Location of Cleaning Supplies (for pet accidents): __________________
Areas of home/neighborhood where your pet is not allowed: __________________
Pet's Favorite: Treats_______________ Toys______________ Hiding places_________

Has your pet ever shown signs of: Describe (even if mild, or under extreme or unusual situations)

__ Allergies? ________________________________
__ Aggression towards people? ________________________________
__ Aggression towards animals? ________________________________
__ Strong dislikes? ________________________________
__ Anxiety/Fears? ________________________________

If your veterinarian does not provide 24 hour emergency care, to which facility should your pet be taken? Please circle one

VCA CALIF. VETERINARY SPECIALISTS
2310 FARADAY AVE., CARLSBAD
(760) 431-2273

VETERINARY EMERGENCY GROUP
260 N. EL CAMINO REAL, ENCINITAS
(760) 377-6611

VETERINARY SPECIALTY
& EMERGENCY HOSPITAL
2055 MONTIEL ROAD #104
SAN MARCOS
760-466-0600

Pet Profile

MEDICATION INSTRUCTIONS:

Medical Problem:____
Name and Type of medication:____________________________________
Medication start date:____________ Medication end date:_________________
Dosage:________________________ Number of times per day:__________

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Dosage:________________________ Number of times per day:____________

Any further information/special instructions you would like to provide:_________

I certify that all of the information contained in this document is correct and true, and that I will notify Cherished Ones Pet Sitting of any changes that occur during any service period.

Client signature: ________________________________ Date: ________________

Print Name: ________________________________ Client #: ________________