Cats

Four Paws Pet Sitting: Pet Information Form

Thank you for choosing Four Paws Pet Sitting! To ensure we provide the best care for your pets, please complete the following form with accurate and detailed information. This helps us understand your pet's needs and ensure their safety and comfort during their time with us.

Owner's Information:

- Name: _____

- Phone Number: _____

- Email Address: _____

- Secondary Owner Name & Number (if Applicable) _____

- Emergency Contact (Name & Number): _____

Pet Information:

Pet Name: _____

- Species (Dog, Cat, etc.): _____

- Breed(s): _____

- Age: _____

- Gender: ☐ Male ☐ Female ☐ Neutered ☐ Spayed ☐ Intact

- Weight/Size: _____

- Behavior Notes (e.g., nervous, friendly, shy, etc.):

  _____

- Health Concerns or Special Needs:

  _____

- Medications or Treatments (if applicable):

  _____

- Dietary Restrictions (if any): _____

- Routine (Feeding times, walks, etc.): _____

- Favorite Activities/Things: _____

- Any Allergies or Sensitivities? _____

- Emergency Medical Information (e.g., Vet's name, clinic, and number):

  _____

Pet Additional Pet:

Pet Name: _____

- Species (Dog, Cat, etc.): _____

- Breed(s): _____

- Age: _____

- Gender: ☐ Male ☐ Female ☐ Neutered ☐ Spayed ☐ Intact

- Weight/Size: _____

- Color: _____

- Behavior Notes (e.g., nervous, friendly, shy, etc.):

  _____

- Health Concerns or Special Needs:

  _____

- Medications or Treatments (if applicable):

  _____

- Dietary Restrictions (if any): _____

- Routine (Feeding times, walks, etc.): _____

- Favorite Activities/Things: _____

- Any Allergies or Sensitivities? _____

- Emergency Medical Information (e.g., Vet's name, clinic, and number):

  _____

Location Information:

- Address: _____

- Special Instructions (e.g., locked doors, pet preferences, etc.):
  _____

- Access Information (e.g., keys, codes, etc.):
  _____

Additional Notes:

_____
_____
_____
_____
_____
_____

Dogs

Four Paws Pet Sitting: Pet Information Form

Thank you for choosing Four Paws Pet Sitting! To ensure we provide the best care for your pets, please complete the following form with accurate and detailed information. This helps us understand your pet's needs and ensure their safety and comfort during their time with us.

Owner's Information:

- Name: _____
- Phone Number: _____
- Email Address: _____
- Secondary Owner Name & Number (if Applicable) _____
- Emergency Contact (Name & Number): _____

Pet Information:

Pet Name: _____

- Species (Dog, Cat, etc.): _____
- Breed(s): _____
- Age: _____
- Gender: ☐ Male ☐ Female ☐ Neutered ☐ Spayed ☐ Intact
- Weight/Size: _____
- Color: _____
- Behavior Notes (e.g., nervous, friendly, shy, etc.):

  _____

- Health Concerns or Special Needs:

  _____

- Medications or Treatments (if applicable):

  _____

- Dietary Restrictions (if any): _____

- Routine (Feeding times, walks, etc.): _____

- Favorite Activities/Things: _____

- Any Allergies or Sensitivities? _____

- Emergency Medical Information (e.g., Vet's name, clinic, and number):

  _____

Walking Instructions:

For dogs that require walks, please provide the following information:

- Preferred number of walks per day (e.g., if as needed (describe when), etc.):

  _____

- Preferred walking route (e.g., neighborhood, park, trails, etc.):

  _____

- Walking time preference (e.g., morning, afternoon, evening):

  _____

- Any leash restrictions (e.g., retractable leash, specific collar/harness, off leash):

  _____

- Walking behavior notes (e.g., pulls on leash, friendly with other dogs, nervous around strangers, etc.):

  _____

- Are there any areas to avoid (e.g., busy streets, dog parks, etc.)?

  _____

- Any special instructions for walks (e.g., do they need to be kept away from other pets, specific walking pace, etc.): _____

_____

Location Information:

- Address: _____

- Special Instructions (e.g., locked doors, pet preferences, etc.):

  _____

- Access Information (e.g., keys, codes, etc.):

  _____

Additional Notes:

_____
_____
_____
_____
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_____