

Pet Sitter Instructions

Everything your pet sitter needs to know

Pet Information

Pet Name: _____ Species/Breed: _____
Age: _____ Weight: _____
Color/Markings: _____ Microchip #: _____

Feeding Schedule

Meal	Time	Amount	Food Type/Brand
Breakfast			
Lunch			
Dinner			
Treats			

Special dietary notes:

Daily Routine

Morning walk/exercise:

Evening walk/exercise:

Playtime:

Bedtime routine:

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Medical & Emergency Information

Medications

Medication	Dosage	Time(s)	Instructions

Medical Conditions & Allergies

Emergency Contacts

Owner Name: _____ Phone: _____

Alt Contact: _____ Phone: _____

Veterinarian: _____ Phone: _____

Emergency Vet: _____ Phone: _____

Behavioral Notes

Things my pet loves: _____

Things to avoid: _____

Quirks/habits: _____

AUTHORIZATION

I authorize the pet sitter to seek emergency veterinary care if I cannot be reached.

Owner Signature: _____ Date: _____

