

Pet Sitter Information

Pet's name: _____

House address: _____

Owner's phone number in case of emergency: _____

Neighbor's phone number in case of emergency: _____

Food and Treats

Pet's food: _____ How often is pet fed: _____

How much to feed: _____ Treats: _____

Medical Info

Pet's Veterinarian: _____

Vet's phone number: _____

Pet's medication: _____

Special instructions: _____

Emergency clinic number: _____

Daily Chart Circle appropriate response for each day

Date Appetite Medication given Played Pooped Peed Notes

	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	
	ate	didn't eat	yes	no	yes	no	yes	no	yes	no	