



Kelsey's Super Pet Sitters

Phone: 716-430-0119

Pet Information (Fill out one per pet please)

Pet's Name: _____ Dog / Cat / Other: _____

Age/Birthday: _____

Male / Female _____ Spayed/Neutered: Y / N

Breed: _____ Color(s): _____

Tags: Y / N _____ Microchipped: Y / N

Vet's Office: _____ Phone: _____

Address: _____

Feeding Instructions (amount, times of day, etc.):

Favourite Toys / Games

Treats / Food Toy (Kong, etc.):

Food Allergies / Restricted foods:

Major Medical Conditions (Past or Present):

Medication(s) (Name, Dosage, Frequency):



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Has your pet ever been aggressive or bitten someone?

Exercise Instructions: (walk frequency or play in yard?):

Tricks my

pet knows:

Restricted Access (Rooms or Furniture):

Will your pet be crated at any point during my service? Y / N

When? _____

Litter care (When to scoop solids/totally change, disposal location):

This Pet Loves To:

This Pet Hates To:

Special handling / Other Notes (ex: special quirks, deaf/blind, object guarding, food aggression, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc.):
