



# Country Companions Pet Sitting

## PET INFORMATION FORM

Pet Owners Name .....

PLEASE FILL OUT A PET INFORMATION FOR EACH PET SO WE HAVE A RECORD OF THEIR IDENTIFICATION, HEALTH, BEHAVIOUR, LIKES & DISLIKES

Type of Animal ..... Breed.....

Pets Name ..... Colour/Markings .....

SEX - MALE/FEMALE

Age .....

Micro-chipped YES/NO

Neutered/Spayed YES/NO

Vaccinated YES/NO

Insured YES/NO

Does your pet/s live inside or outside? .....

If inside, do they have outside access such as a day run?

YES/NO

Do they wear ID tags?

YES/NO

Favourite sleeping/hiding places? .....

Does your pet require any medication or treatment?

YES/NO

If yes, please fill out a 'Permission to Administer Medication' form

What words or cues do you use to call your pet? .....

Does your pet like to be handled? YES/NO

Does your pet like to play games? YES/NO

If yes, please specify (favourite toys etc.) .....

.....



# Country Companions Pet Sitting

Does your pet ever have accidents on the carpet/floor? YES/NO

If yes, how do you clean up the mess? .....

## DOGS

Is your dog leash trained? YES/NO

Where is the leash kept? .....

Where do you normally walk your dog? .....

Where do you keep dog litter bags? .....

Is there any animals or people your dog should keep away from? .....

Has your dog ever shown signs of aggression or attacked/bitten another animal or a person? .....

How does he/she react to strangers? .....

Does he/she have problems going outside in bad weather? .....

## CATS

Does your cat/s use a cat litter tray? YES/NO

If yes -

Where is the litter tray located? .....

Do you use a liner in the tray? YES/NO Where are spare liners kept? .....

Where is the fresh litter located? .....

How do you dispose of soiled litter? .....



# Country Companions Pet Sitting

How often do you change the litter? .....

## SMALL CAGED ANIMALS (HAMSTERS, GERBILS, BIRDS ETC)

How often do you clean out the cage? .....

Where is fresh bedding (straw/newspaper etc) kept? .....

## FOOD & WATER

Location of pets food .....

How many times fed each day? .....

Amount given at each feeding? .....

Is there any particular cutlery/cloths/tea towels used for your pet/s? If yes, where are they

located?.....

Does your pet/s have treats and/or fresh fruit and veg & if so how much daily?  
YES/NO

.....

Location of water bowls .....

Water used

TAP/BOTTLED



# Country Companions Pet Sitting

## VETERINARY SURGEONS DETAILS

Veterinary Surgery .....

Address .....

.....

Telephone No .....

Surgeons Name .....

Please list below any further information to help us care for your pet/s

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....