

Trash Pick up Day _____ Bring in Mail? ___ Newspaper? ___ On/off Lights? ___
Open/Close Blinds? ___ Other _____

PET CARE INFORMATION

1 Pet's Names _____
Breed/Color _____ Age/Sex _____
Spay/Neuter? _____ Pet's General Disposition? _____ AM Diet _____
PM Diet _____ Treats/Snacks _____ Medications? _____
Instructions _____ Current on all Shots? _____
Any Restrictions? _____
Vet Preference _____ Phone _____ DOG: Leash location _____
Walks on leash? Yes No
Do you normally walk your dog? Yes No If yes, how long/far? _____ Dog Door? Yes No
Cleaning supplies located? _____ Feeding area _____ Any Aggressive behavior
EVER exhibited? Yes No CATS: Indoors only Outdoors only Both Travel carrier
location: _____

2 Pet's Names _____
Breed/Color _____ Age/Sex _____
Spay/Neuter? _____ Pet's General Disposition? _____ AM Diet _____
PM Diet _____ Treats/Snacks _____ Medications? _____
Instructions _____ Current on all Shots? _____
Any Restrictions? _____
Vet Preference _____ Phone _____ DOG: Leash location _____
Walks on leash? Yes No
Do you normally walk your dog? Yes No If yes, how long/far? _____ Dog Door? Yes No
Cleaning supplies located? _____ Feeding area _____ Any Aggressive behavior
EVER exhibited? Yes No CATS: Indoors only Outdoors only

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Continue on blank sheet or copy and fill in additional pets, if necessary.