



Pet Profile

Client Name:

Pet Information

Pet Name: Cat Dog Bird Other:

Sex: Female Male

Color: Pet's Date of Birth: Pet's Weight:

Is your pet microchipped? Yes No

Microchip #: Company:

Personality:

How does your pet react to your absence from the home?

Has your pet ever snapped at or bitten anyone? Yes No

If yes, please describe the circumstances:

Is your pet good with children? Yes No N/A

Does your pet have a history of aggression with other animals? Yes No

If yes, please explain:

Are you aware of any reason we should approach your pet with caution? Yes No

If yes, please explain:

Feeding Instructions:

Where is the food stored?

May the pet sitter give treats to your pet? Yes No

Location of leash/harness:

Medical Information

Veterinary Clinic Name:

Address:

Phone Number:

Are Rabies and DHLPP shots up to date? Yes No

If no, please explain:

Does your pet have a handicap or history of illness? Yes No

If yes, please explain:

In the rare case of an emergency involving your pet, where you would prefer to have your pet treated?

Emergency Veterinary Clinic Name:

Address:

Phone Number:

I authorize Saint Louis Dog Walkers to follow the recommendations of this veterinary clinic and I agree to pay all costs, expenses, etc. as recommended by this veterinary clinic.

Initial:

Does your pet take medication? Yes No

If yes, where is the medication stored?

Please list your pet's medication and instructions to administer on the back of this form.