

Pet sitter instructions

Fill this in, leave it on the counter, and send a photo of it to your sitter. One sheet per pet if they have different routines.

Your pet

Name _____
Cat / dog / other _____
Breed _____
Age _____
Weight _____
Microchip number _____
Microchip company _____

Food and water

Food (brand) _____
How much _____
Times _____
Where food is kept _____
Treats allowed? _____
Never feed _____

Medication

One line per medicine. Leave each one in its original labeled bottle.

Medicine _____
Dose _____
Times _____
How to give it _____
Where it is kept _____
Side effects to watch _____

The house

How to get in (keys, door code) _____
Alarm (share the code privately) _____
Wifi network _____
Thermostat setting _____
Rooms that are off limits _____
Cleaning supplies, extra food, bags _____
Trash and recycling day _____
Water shut-off / breaker box _____

Vet permission (if I can't be reached)

I give my pet sitter, _____, permission to take my pet to a vet and approve emergency care up to \$_____. I accept financial responsibility for that care. If a decision about ending care is needed, call: _____.

Signed _____

Daily routine

Wake-up _____
Walks / potty breaks _____
Litter box (scoop, change) _____
Playtime _____
Bedtime / crate _____
Allowed on furniture? _____

Personality and quirks

Scared of _____
Favorite hiding spot _____
Escape artist? (doors, gates) _____
With other pets _____
With strangers _____
Favorite toy / game _____

Vet and emergencies

Animal poison control: ASPCA (888) 426-4435

Your vet (name, phone) _____
Nearest 24-hour emergency vet _____
OK to spend up to \$ _____
Emergency contact (name, phone) _____
Backup key holder _____

Your trip

Dates away _____
Coming home (day, time) _____
Best way to reach you _____
Updates: how often? _____
Anything else _____