



Pet Profile Worksheet

Pet name _____

Date of birth/Gotcha date and/or Age _____

Sex Female Spayed Female Male Neutered Male

Breed/Species _____ Color _____

Owner Name _____

Address _____

City _____ State _____ Zip _____

Home () _____ Work () _____ Cell () _____

E-mail _____

FEEDING

What brand and type of food does the pet eat? _____

Where is the pet's food typically purchased? _____

What time of day does the pet eat and how often? _____

Amount (cups)? _____

Where does the pet eat? _____

FEEDING INSTRUCTIONS

Dry food and canned food mixed together Pet tends to eat food immediately and completely

Dry food and canned food fed in separate dishes Pet tends to eat food over course of time

Water in dry food Pet is a fussy eater

Does the pet get treats regularly? How many? _____

Where are the treats kept? _____

Does the pet have any dietary constraints? _____

(i.e. trying to lose weight, uses prescription-only foods, allergies, must have supplements)

MEDICATIONS Please list all medications, amounts to be given and frequency (use back of sheet if needed).

Name of Medication _____

Amount _____ Frequency _____

What is it for? _____

Where is the medication kept? _____

How is it administered? _____

What is the source of the medication? (Veterinarian/regular drugstore) _____

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HEALTH

Chronic illnesses/conditions _____

BEHAVIOR

Does the pet have any behavioral idiosyncracies? _____

Does the pet get along with all other pets in the household? _____

Should the pet be separated from another pet when left alone? _____

Is the pet well-socialized with other pets of its species? _____

Describe fully any previous displays of aggression of ANY TYPE (*including aggression towards other animals or people*)

HOUSING

Where is the pet housed during the day? _____

Where is the pet housed at night? _____

EXERCISE

What kind of regular exercise should the pet receive during the pet sitting period? _____

ATTACH PHOTO HERE *Photo must be updated annually.*