

SAFE AT HOME

PET PROFILE

(Please fill out a separate Profile for each pet)

GENERAL INFORMATION

Pet Name _____ Cat ___ Dog ___ Other _____ Female ___ Spayed ___ Male ___ Neutered

Color _____ Breed _____ Pet's Date of Birth ____/____/____ Current Weight _____

Describe your pet's personality _____

Favorite toys and special treats _____ May your sitter give your pet treats? Y/N

Is your pet good with children? Y/N Do you want your sitter to groom your pet (comb / brush)? Y/N

Are you aware of any reason we should approach your pet with caution? Y/N _____

Attitude toward strangers, **Circle all that apply:** Excited Friendly Aloof Cautious Stressed Scared Mean Indifferent

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

Does your pet have a history of biting or fighting with other animals? Y/N If yes, explain _____

How many litter boxes do you have? _____ Where are they located? _____

How many times per week do you completely empty the litter box and replenish with new litter? _____

Dispose of dirty litter how/where? _____ Fresh litter is kept where? _____

FEEDING INSTRUCTIONS

_____ A.M. Amount _____ Mid-Day Amount _____ P.M. Amount _____

Where is food located? _____ Feeding location Inside / Outside Where _____

MEDICATIONS

Name of Medication	When to Administer	Amount	How Administered
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If we are going to your home, please be sure to leave a can opener, measuring cup, fork, medication, paper towels, etc. out

EXERCISE INSTRUCTIONS

Daily exercise to be given? Y/N If Yes, where are Doody Bags located? _____

Where do you dispose of pet waste? _____ Pet's collar color? _____ ID Tags? Y/N

VETERINARIAN INFORMATION

Veterinarian Name _____ Address _____ Phone _____

Rabies shot valid through? ____/____/____ [INFORMATION VERIFIED ____/____/____]

DHLPP shot valid through ____/____/____ [INFORMATION VERIFIED ____/____/____]

History of illness? Y/N If Yes, explain _____ \$\$ Limit on emergency care? \$ _____

I certify that all of the above information is true and correct, to the best of my knowledge, and that I will notify Safe At Home of any charges to the above prior to the start of any Service Period.

Client Signature _____ Date ____/____/____