<u>Dickinson Designs Animal Services</u> <u>Pet Sitting Information Sheet</u> Elise Dickinson 919-323-5341

Client Informaton

Client			
Name(s):			
r none indinoers.			
Email:			
Emergency Contact: Name:			
Phone:			
	<u>Pet</u>	Information	
Pet Name:	Age:		
Sex: Altered?	Descripti	ion:	
Vaccinations:	DHLPP:	Rabies:	Bordatellla:
Veterinarian:		Phone:	
Health Problems:			
Feeding Instructions:			
Medication Instructions:	_ Noon: PM	1:	
Idiosyncrasies (kids, cars, chewing, runs away etc.)			
First/Last Potty Breaks			AM· PM·

Crate Trained?
Sleeps Where?
If Left Alone (for short
period of ime):
Typically Oil Leasil/ Oil
Leash?
waiking Accessories
(halter, harness etc.):
Good with other dogs?
Minimum # of walks per day:
House Information (if not boarding)
House Key Exchanged Now: Left Where: Backup:
Alarm Code: Plants Y/N: Mail: Trash Day:
Other: (Lights, Heat etc.)
Services and Client Information
Where will client be?
Phone Number:
Phone Number: Time & Date Leaving:
Time & Date Leaving:
Time & Date Leaving: Time & Date Returning Type/Frequency of
Time & Date Leaving: Time & Date Returning Type/Frequency of Service:
Time & Date Leaving: Time & Date Returning Type/Frequency of Service: Fees Due: Fees/ Pricing
Time & Date Leaving: Time & Date Returning Type/Frequency of Service: Fees Due: