



Pet Sitter Checklist



Pet 1

Name and Type: _____
 Feeding schedule & Amount: _____
 Walk/Play Schedule: _____
 Notes: _____

Pet 2

Name and Type: _____
 Feeding schedule & Amount: _____
 Walk/Play Schedule: _____
 Notes: _____

Pet 3

Name and Type: _____
 Feeding schedule & Amount: _____
 Walk/Play Schedule: _____
 Notes: _____

Pet 4

Name and Type: _____
 Feeding schedule & Amount: _____
 Walk/Play Schedule: _____
 Notes: _____

Info for All Pets

Veterinarian Name: _____
 Vet's Address: _____
 Vet's Phone #: _____

Permission to Treat

In the event of an emergency, I, _____, give permission to _____ to seek medical care for our pets as determined by the veterinarian. We will be fully responsible for payment of fees incurred by the event.

Signature: _____ Date: _____