

The Cat's Meow

Your Premeir Pet Sitting Service 

PET BACKGROUND

Please fill out and print prior to our meet and greet

Pet Information

Today's Date: _____

Pet's Name: _____

Type: Dog Cat Other: _____

Gender: Female Male

D/O/B: _____

Breed: _____

Weight: _____

Color: _____

Spayed/Neutered: Yes No

Please list a couple of your pet's favorite things:

Additional information we may need to know about: (i.e., location of poop bags, location your pet likes to visit for potty, photo of your pet, location of toys, food, etc.)

Medical Information

Please list any medical conditions, allergies, etc. that your pet has:

Please list any medications:

Please describe any dietary instructions (i.e., brand of food, amount given, allergies, etc.):

Please indicate which of the following your pet has been vaccinated for
(*may require proof from your Vet*):

Rabies: Yes No

Kennel Cough: Yes No

Distemper: Yes No

Feline Leukemia: Yes No

Has your pet ever displayed aggression over toys, food, people or other
pets? _____

Veterinarian Information

Hospital Name: _____

Doctor's Name: _____

Address: _____

Street Address

City State ZIP Code: _____

Phone: _____