Pet Profile

Please complete one Profile per pet

Owner: ____________________________

Length of Time Owned: _________________

Breed: ____________________________

License #: ________________

Physical Description:

____

Pet Name:

Pet Type: Dog / Cat /

Sex: M/F Declawed: Y/N Neutered: Y/ N

Microchip/Tattoo/Dog Tag #:

Birth date: ___________ Or Age: ________

Weight: ___________ Or Size: ________

Feedinging Instructions:

☐ Feed apart from other pets/supervise ☐ Dispose of uneaten food ☐ Remove food after _____ minutes

☐ **Dry Food** **Brand:** **Measure with:** **Amount:** **Where to feed:**		☐ **Morning** ☐ **Afternoon** ☐ **Dusk** ☐ **Night**	**Procedure:**
☐ **Wet Food** **Brand:** **Measure with:** **Amount:** **Where to feed:**		☐ **Morning** ☐ **Afternoon** ☐ **Dusk** ☐ **Night**	**Procedure:**
☐ **Medication(s)** **Amount:** **Location:** **Hide In Treat:**		☐ **Morning** ☐ **Afternoon** ☐ **Dusk** ☐ **Night**	**Procedure:**
☐ **Medication(s)** **Amount:** **Location:** **Hide In Treat:**		☐ **Morning** ☐ **Afternoon** ☐ **Dusk** ☐ **Night**	**Procedure:**
☐ **Water**	***Water will be cleaned and filled frequently***	☐ **Tap** ☐ **Bottled** ☐ **Filtered**	**Dish Location:** **Water Location:**
☐ **Treats** **Brand/Name:** **Amount per Visit:** **Location:**		**Notes:**	

Medical History:

Ongoing or reoccurring illnesses, injuries, treatments or medications:

Pet allergies:

Symptoms to look for:

Rabies Vaccine up to date? ☐ Yes ☐ No

Is pet on heartworm medication? ☐ Yes ☐ No

If yes name of medication_____________

Is pet on flea preventative? Yes or no if yes-name of medication._______________

Temperament/Personality:

Pet Doesn't Like:

- ☐ Leashing
- ☐ Walking
- ☐ Petting/Massage
- ☐ Ears Touched
- ☐ Sprays
- ☐ Hot Days
- ☐ Rain / Snow / Cold
- ☐ New Animals
- ☐ Other family pets
- ☐ People near food dish
- ☐ Sharing Food Dishes
- ☐ Loud Noise / Vacuum / Garbage Disposal / Thunder
- ☐ All Humans
- ☐ Strangers
- ☐ ____

Pet reacts to the above by: ____

Has Pet Ever:

- ☐ Attacked someone/bit someone
- ☐ Attacked another animal
- ☐ Injured self /escaped out of fear
- ☐ Injured self out of boredom
- ☐ Escaped from home,

Where does he/she like to escape to? ____

How can he/she be retrieved? ____

Describe (even if mild, or under extreme/unusual situations)

Commands:

Please list commands pet knows:

Commands you are working on with your pet:

Allowed to go for rides in pet sitter's vehicle? ☐ Yes ☐ No ☐ Medical or other emergencies only

Allowed to come to pet sitter's home? ☐ Yes ☐ No

May we take a picture of your pet? ☐ Yes ☐ No

If so, may we post your pet's picture online at www.myauntpenny.com? ☐ Yes ☐ No

Favorite games, toys and activities:

Printed Name: ____

Signature: ____

Date: ____

Please use the back for any additional comments or submit a word document attachment.