

Paws to Ponder



Petsitter's Checklist

Veterinarian

Veterinarian's Name _____
Phone _____ Address _____
Last General Health Check Was Given On ___/___/___
Alternative Vet's Name _____
Phone _____ Address _____
ER Veterinarian's Name _____
Phone _____ Address _____

- Vaccinations Records Attached
- Special Medical Needs - Instructions Attached

Our Travel Information

We'll Be Staying At _____
Phone _____
Address _____
Phone Number of American Embassy _____
Estimated Arrival Time Is ___/___ at ___:___ am pm
We Will Leave For Home On ___/___ at ___:___ am pm
We will be traveling by:

- Airline/Train/Busline
- Our Flight/Train/Bus Number Is _____
Return Flight/Train/Bus Number Is _____

Car
Car Make _____ License Number _____

In Case Of Emergency

First Contact _____
Phone _____ Email _____
Second Contact _____
Phone _____ Email _____
Emergency Kennel _____
Phone _____ Address _____
Animal Services Phone _____
Address _____

Supply Sources

If necessary, replacement supplies can be purchased from:
Store _____
Address _____ Phone _____
Open Mon - Fri ___ to ___ Sat ___ to ___ Sun ___ to ___
Store _____
Address _____ Phone _____
Open Mon - Fri ___ to ___ Sat ___ to ___ Sun ___ to ___

Feeding

Dry/Canned Food is marked _____
It can be found _____
The amount to feed _____ times per day is _____.
Fresh Foods are marked _____
The amount to feed _____ times per day is _____.
Special Feeding Instructions:

Eats: All All but a bit Half of allowed portion.

If there are any deviations from this pattern please call:

Me Veterinarian _____

Exercise

Walk/Let out of cage for _____ minutes _____ times per day
Likes to play with _____

Cleanup

Scooper and Bags can be found _____
Use _____ to clean surfaces.
It can be found _____
New Litter can be found _____
It should be freshened daily changed _____
Cleanup rags are _____ Place used _____
Garbage Bags are _____ Place filled _____

Please Note

Please Brush _____, the brush is _____

Check Droppings - Compare to those we examined before our departure.

The most active time is ____:____

When you arrive expect Her/Him/Them To Be:

Our Companions Are Microchipped Are Not Microchipped

Our Companions Are Wearing Tags With Current Information

Are Not Wearing Tags.

Identification Photos are attached.

S/he likes to be petted _____

Please kiss her/him ____ times each day on the _____ for me. Other Instructions

Take Good Care Of My Pets!

Paws to Ponder Dog Walking & Pet Sitting

Serving Snohomish County

For more information, contact us at pawstoponder@gmail.com

Please include how many pets you need care for, your location and type/frequency of visits you would like.

We will return your inquiry as soon as our furry friends allow.



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