



PET CARE INFORMATION

Autumn's Bed & Biscuit Pet Sitting Services

Please fill out this form completely prior to your appointment so that we may care for your pet to the best of our abilities. Fields marked with an asterisk (*) are required.

1. PET PROFILE

Pet Name:*	_____	Pet Type:*	(Dog, Cat, Rabbit, etc.) _____
Breed:*	_____	Color/ Markings:*	_____
Sex:*	<input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered:*	<input type="radio"/> Yes <input type="radio"/> No

2. MEDICAL & HEALTH INFORMATION

Veterinarian Name & Phone:* _____

Medical Conditions / Health Concerns:*

Current Medications & Administration Instructions:*

Flea, Tick & Heartworm Prevention (Brand and date last administered):*

3. NUTRITION & FEEDING

Food Brand & Formula:* _____

Feeding Schedule & Size :* _____

Treats Allowed:* Yes No

4. EXERCISE & BEHAVIOR PROFILE

Exercise Routine (Walks, playtime, activity level, restrictions):*

Comfortable Around Other Animals?* Yes No

Details:

Comfortable Around People/Children?* Yes No

Details:

Behavioral Concerns (Check all that apply):*

- | | | |
|---|--|--|
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Leash Pulling | <input type="checkbox"/> Fear of Thunderstorms |
| <input type="checkbox"/> Escape Artist | <input type="checkbox"/> Aggression | <input type="checkbox"/> Excessive Barking |
| <input type="checkbox"/> Food Guarding | <input type="checkbox"/> Other: _____ | |

5. HOME ENVIRONMENT & PREFERENCES

Where Is Your Pet Kept When Home Alone?*

- Free Roam Crate Designated Room Outdoors Other: _____

Favorite Activities, Toys, or Comfort Items:*

Additional Care Instructions or Special Needs:

Owner Signature : _____ **Date :** _____