

**ZOOKEEPERS PET SITTING  
PET CARE INFORMATION SHEET**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

GATE CODE: \_\_\_\_\_ KEYPAD ENTRY NUMBER: \_\_\_\_\_  
ALARM CODE: \_\_\_\_\_ PASSWORD: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
OTHER NUMBERS WHERE CAN YOU BE REACHED WHILE OUT OF TOWN: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT (preferably someone in town) \_\_\_\_\_

WHILE YOU ARE AWAY, WOULD YOU LIKE TEXT MESSAGE UPDATES ON YOUR PETS? IF YES, WHICH CELL NUMBER? \_\_\_\_\_

PETS (provide names, species, sex and age for each): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS/DOSAGES: \_\_\_\_\_

DAILY DIET AND TIMES (what, how much & how often):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOOD LOCATED: \_\_\_\_\_

FOOD/WATER DISHES LOCATED: \_\_\_\_\_

TAP, RO, OR BOTTLED WATER? \_\_\_\_\_

TREATS AND/OR VITAMINS: \_\_\_\_\_

WILL YOUR PET(S) BE SECURED IN THE HOME OR YARD? \_\_\_\_\_

IS THERE ACCESS TO A DOGGY DOOR? \_\_\_\_\_

ANYTHING YOU WOULD LIKE US TO KNOW ABOUT OR DO FOR YOUR PET THAT MAY HELP US TO UNDERSTAND/CARE FOR HIM/HER BETTER? \_\_\_\_\_  
\_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

WOULD YOU LIKE US TO POOPER SCOOP? \_\_\_\_\_

LOCATION OF LITTER BOX/KITTY LITTER: \_\_\_\_\_

WASTE DISPOSAL WHERE? \_\_\_\_\_

LOCATION OF CLEANING SUPPLIES, PAPER TOWELS (ACCIDENT CLEANUP): \_\_\_\_\_

WOULD YOU LIKE US TO WATER PLANTS? \_\_\_\_\_

BRING IN MAIL? \_\_\_\_\_ KEY? \_\_\_\_\_ MAILBOX NUMBER \_\_\_\_\_

MAILBOX LOCATED: \_\_\_\_\_

WILL YOU LEAVE LIGHTS ON AND IF SO, DO YOU WANT THEM ALTERNATED? \_\_\_\_\_

ALTERNATE BLINDS? \_\_\_\_\_ LEAVE TV OR RADIO ON? \_\_\_\_\_

WILL PET CARE RESPONSIBILITY BE SHARED WITH ANYONE ELSE DURING YOUR ABSENCE?

OTHERS WHO WILL HAVE ACCESS TO YOUR HOME (I.E. OTHER FAMILY MEMBERS, HOUSE-KEEPER, POOL MAINTAINANCE, YARD CARE)?:

WILL YOU GIVE US A HOUSE KEY OR WILL WE ENTER ANOTHER WAY? \_\_\_\_\_

WOULD YOU LIKE US TO KEEP YOUR KEY ON FILE FOR FUTURE SERVICE? \_\_\_\_\_

(IF NOT, YOUR KEY WILL BE MAILED TO YOU WITHIN 24 HOURS OF YOUR RETURN.)

PAYMENT MUST BE MADE PRIOR TO YOUR DEPARTURE.

HOW WILL YOU BE PAYING FOR SERVICES? CASH \_\_\_\_\_ CHECK

\_\_\_\_\_ PAYPAL \_\_\_\_\_

HOW DID YOU HEAR OF US? \_\_\_\_\_