[Your Business Name]
[phone] · [email] · [address]

Pet Sitting Client & Pet Intake Form

For pet-sitting businesses — the client, pet, veterinary, emergency-contact and home-access information collected before the first visit.

Document details

Client reference: _____

Intake date: _____

Booking reference (if known): _____

1 · Client profile

Client full name: _____

Service address: _____

City, state, ZIP: _____

Primary phone: _____

Email: _____

Secondary contact name: _____

Secondary contact phone: _____

Relationship to client: _____

Preferred communication

☐ Text
☐ Phone
☐ Email

2 · Pet profile (repeat for each pet)

Pet name: _____

Animal type

☐ Dog
☐ Other
☐ Cat

Breed or description: _____

Age / date of birth: _____

Approximate weight: _____

Identifying features: _____

Sex

☐ Male
☐ Unknown
☐ Female

Spayed / neutered

☐ Yes
☐ Unknown
☐ No

Temperament

☐ Friendly
☐ Anxious
☐ Shy
☐ Reactive

☐ Other

Behavioural triggers or handling warnings

Feeding preferences and restrictions

Allergies or sensitivities disclosed by client:

Exercise and activity requirements: _____

Toilet / litter arrangements: _____

Medication or health instructions: _____

Other care notes

3 · Veterinary details

Regular veterinarian / clinic: _____

Clinic address: _____

Clinic phone: _____

Preferred emergency veterinary hospital:

Emergency hospital phone: _____

Pet insurance provider / policy reference (optional):

Client-authorised veterinary contact instructions

4 · Emergency contacts

Emergency contact name: _____

Relationship: _____

Phone: _____

Alternative emergency contact: _____

Relationship: _____

Phone: _____

Contact order / instructions

5 · Home & access arrangements — access method

- ☐ Client present
- ☐ Key
- ☐ Lockbox
- ☐ Door code
- ☐ Other

Key reference: _____

Lockbox reference: _____

Alarm instruction reference: _____

Parking arrangements: _____

Areas that must remain closed: _____

Other animals or household hazards: _____

Restricted-access instruction

_____

_____

Entry and exit instructions

_____

_____

6 · Feeding & medication summary (per pet)

Pet name: _____

Food type and quantity: _____

Feeding time: _____

Water instructions: _____

Medication name: _____

Client-provided dose: _____

Administration time: _____

Administration method: _____

Missed / refused-dose instructions

_____

_____

7 · Booking & service needs

Expected start date: _____

Expected end date: _____

Expected visits per day: _____

Preferred visit window: _____

Walk duration: _____

Additional tasks requested

- ☐ Feeding
- ☐ Water refresh
- ☐ Litter / toilet care
- ☐ Medication administration
- ☐ Plant watering
- ☐ Mail collection
- ☐ Other (note below)

8 · Acknowledgement of information

This is an information-gathering and operational record. It is not a contract, liability waiver, veterinary authorisation or substitute for separately agreed service terms.

☐ The information supplied is accurate to the best of my knowledge

☐ I will notify the business of changes to pet health, behaviour, medication or access arrangements

☐ I acknowledge receipt of this intake information record

Client name: _____

Client signature: _____

Date: _____

Prepared by: _____

Staff / sitter signature: _____

Date: _____

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