

## Pet Sitting Checklist

- Leave a completed copy of the Pet Sitting and Emergency Veterinary Medical Authorization Form. You may choose to seal the Emergency Form in an envelope to be opened by the vet for security purposes.
- Leave a pet carrier for each of your cats by the front door. In the event of an emergency your sitter may not have time to search for the carrier.
- Leave a leash for each dog by the front door. In the event of an emergency your sitter may not have time to search for them.
- Please list all hiding places for your cats. \_\_\_\_\_  
\_\_\_\_\_
- Please list all hiding places for your dogs. \_\_\_\_\_  
\_\_\_\_\_
- Prepare one zip lock bag for each pet filled with their medication. This will make it much easier to grab in the event of an emergency.
- Notate the location of the main circuit breaker: \_\_\_\_\_
- Notate the location of the main water cut off: \_\_\_\_\_
- Leave a few extra days of food and/or medication then necessary in case you are delayed from returning home.

# Pet Sitting Form

**Owner Name:** \_\_\_\_\_

**I will be staying at:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

## Pet 1

## Pet 2

<b>Name</b>		
<b>Breed</b>		
<b>Color</b>		
<b>Age</b>		
<b>Sex</b>	Male / Female    Neutered / Spayed	Male / Female    Neutered / Spayed
<b>Last Vaccination</b>		
<b>Last Rabies</b>		
<b><u>Medication</u></b>		
<b>Directions</b>		
<b>Treatment For</b>		
<b><u>Medication</u></b>		
<b>Directions</b>		
<b>Treatment For</b>		
<b>Special Instructions</b>		
<b>Primary Veterinarian</b>		<b>Emergency Veterinarian</b>
<b>Hospital</b>		<b>Animal Emergency Centre</b>
<b>Veterinarian</b>		<b>N/A</b>
<b>Address</b>		<b>11730 Ventura Blvd. Studio City, CA 91604</b>
<b>Phone</b>		<b>818-760-3882</b>
<b>Website</b>		<b><a href="http://www.valleypet911.com">www.valleypet911.com</a></b>
<b>Hours</b>		<b>Mon. – Thu. 6:00pm- 8:00 am Fri. 6:00pm – Mon. 8:00 am 24 hours on Weekends and Holidays</b>

## Emergency Veterinary Medical Authorization

Authorized Sitter	
Primary Hospital	
Emergency Hospital	Animal Emergency Centre 11730 Ventura Blvd. Studio City, CA 91604 818-760-3882
Other Hospital	

If any of my animals become ill or injured, I authorize for the pet sitter listed above to take them to any of the above veterinarians for diagnoses and treatment. The veterinarian will attempt to contact me for authorization for treatment. If I am unavailable and my pet needs emergency treatment, the veterinarian is hereby authorized to treat the animal at their discretion.

I authorize treatment charges up to \$ \_\_\_\_\_. In the event that immediate payment is required please charge my credit card below:

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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Signature

Date

*Please include a photocopy of the driver's license and front and back of the credit card.*