

# LT Pet Sitting LLC

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## Pet Profile

Please complete one for each dog or cat.

Client Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Age: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Spayed/Neutered: \_\_\_ Yes \_\_\_ No Vaccination date: \_\_\_\_\_

Breed: \_\_\_\_\_ Colors/Markings: \_\_\_\_\_

Collar Color: \_\_\_\_\_ Tags: \_\_\_ Yes \_\_\_ No Micro-chipped: \_\_\_ Yes \_\_\_ No

Feeding instructions (amount, times of day, location of food, etc.):

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Major medical conditions/ Medication(s) (name, dosage, frequency, location):

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Has your pet ever been aggressive or bitten someone? Please explain:

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Exercise instructions (walk on leash/play in fenced yard). Give frequency and time:

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Restricted access (rooms/furniture): \_\_\_\_\_

Will your pet be crated at any point during our service? When?

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Litter care (when to scoop solids/totally change/disposal instructions): \_\_\_\_\_

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Special handling / (pet quirks, blindness/deafness, storm anxieties, other anxieties, food aggression, hiding places, fears, phobias, etc.):

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Anything else you would like us to know about your pet: \_\_\_\_\_

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