



## PETfolio

*Home Sweet Home Pet Care strives to continue your pet's normal routine as much as possible while you are away. Please complete the following questions completely so that we understand the normal routine.*

Pet Name: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Type of Pet: \_\_\_\_\_ Pet Age: \_\_\_\_\_

### Emergency Contact Information

Owner: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Number: \_\_\_\_\_

Emergency Vet Clinic's Number: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

### Feeding Information

Do you leave your pet's food out all day? YES NO

Do you leave your pet's water out all day? YES NO

How many times per day do you feed your pet? (circle one) 1 2 3

Regular Feeding Time(s): \_\_\_\_\_

What food does your pet eat? \_\_\_\_\_

How much do you feed him/her each feeding? \_\_\_\_\_

Please describe your pet's normal meal time:

\_\_\_\_\_  
\_\_\_\_\_

Do you give your pet treats outside of meal time? YES NO

If so, what kind of treats do you give? \_\_\_\_\_

When do you typically reward with treats? \_\_\_\_\_

Is your pet food aggressive? YES NO

**“Bathroom” Information**

Is your pet house trained? YES NO Is your pet pad trained? YES NO

Is your pet litter box trained? YES NO

Does the litter box need to be changed/cleaned? YES NO

If yes, how often? \_\_\_\_\_

Do you have a pet door to access your yard? YES NO

Do you have a fenced yard? YES NO If yes, is it an underground electric fence that requires a pet collar? YES NO

Does your pet go out in the yard on a leash to relieve himself? YES NO

What are the usual times when your pet goes outside?  
\_\_\_\_\_

Does waste need to be picked up in your yard? YES NO

Does your pet go for regular walks to relieve himself? YES NO

If yes, how many times/day do you walk your pet? (circle one) 1 2 3

How long do these bathroom walks typically last? \_\_\_\_\_

Is there a regular spot where your pet will relieve himself? YES NO

If yes, please describe: \_\_\_\_\_

Does your pet have “accidents” in the house? YES NO

Please describe your pet’s normal bathroom regimen:  
\_\_\_\_\_  
\_\_\_\_\_

**Exercise/Play Information**

Is your pet allowed to run and play in the yard without supervision? YES NO

Does your pet go for regular walks for exercise/enjoyment? YES NO

If yes, how many times per day do you walk your pet? (circle one) 1 2 3

How long do these walks typically last? \_\_\_\_\_

Does your pet get along well with other dogs? YES NO

Does your pet like to play with other dogs? YES NO

Does your pet like to play with toys? YES NO

If so, what is his/her favorite toy? \_\_\_\_\_

What is your pet's favorite thing to do? \_\_\_\_\_

\_\_\_\_\_

What would be considered the perfect day according to your pet?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bedtime/Sleep Information**

Where does your pet typically sleep? \_\_\_\_\_

Is your pet crate trained? YES NO

Does your pet wake you up in the night to go outside? YES NO

Does your pet have access to the entire house at night? YES NO

If no, what areas are off-limits to your pet? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What time does your pet normally go to sleep at night? \_\_\_\_\_

What time does your pet normally wake up in the morning? \_\_\_\_\_

**Miscellaneous Information**

Is your pet on regular heartworm and flea preventative medicine? YES NO

If yes, will this medicine need to be given while you are away? YES NO

Does your pet take any other regular medications? YES NO

If yes, please list the medication, reason it is provided and dosage instructions:

---

---

---

Does your pet like to ride in the car? YES NO

Is your pet afraid of thunder storms? YES NO

Does your pet like to bolt out the door and run away when given the chance? YES NO

Is your pet aggressive or known to bite in certain circumstances? YES NO

If yes, please describe circumstances: \_\_\_\_\_

---

---

How can you tell when your pet is upset? \_\_\_\_\_

---

Please list any other information we need to know that will enable us to care for your pet.

---

---

---