

PET SITTING CHECKLIST

Date:	

\vee	contact@sidelick.com	0
•	www.sidelick.com	f

instagr.am/meetsidelic	
f fb.com/sidelick	

Pet's name:	
Sex:□M□F	Neutered: □ Yes □ N
Pet parent:	
Address:	
Mobile:	

		Address: Mobile:	
HEALTH		BASIC ROUTINE	
General health issues? (allergies, etc.)	If yes: what are they?	• Food	Meal schedule?
Does the pet take medication?	If yes: schedule / dosage?	Sleep	When? Where?
Are all vaccines up to date? Flea prevention?	Name & number of vet	Bathroom breaks Exercise/Walks	Walk schedule?
	f pet parent is unreachable: Mobile:	Preferred games? (fetch, tug of war, etc.)	Are treats allowed?
SOCIALIZATION			
How does the pet in	teract with:	TRAINING —	
Children Aggress	sive Neutral Friendly	a Does your pet b	eg for food? ☐ Yes ☐ No
Strangers Aggress	sive Neutral Friendly		
Cats Aggress	sive Neutral Friendly	How do you rew	ard good behavior?
Dogs Aggress	sive Neutral Friendly		
Other comments: _			now signs of food ☐ Yes ☐ No
COMMENTS —		Does your pet example anxiety?	xperience separation ☐ Yes ☐ No
		ls your pet posse	essive over his toys?
-		CONFIRM BOOK	(ING ———
			nd on everything, congratulations. Ints to confirm the booking on the

Make it official and get bonuses **☑**

Activate the pet insurance for the job **☞**