



Small Animal Sitting Information Sheet

Safe At Home Pet Sitting, LLC

270-320-4418

**Please fill out one form for each pet so that we may provide the best possible care for your pet. Thank you.*

Owner/Pet Name: _____ Type of Animal _____

Male / Female Colors/Markings: _____ Location of Cage: _____

Feeding Time: _____ Treats: _____

Feeding Instructions: _____

Cage changed how often: _____

Cage changing instructions: _____

Favorite Toys/Games: _____

Is animal allowed outside cage: Yes No

Instructions for out of cage play time: _____

Precautions (other animals, people, biting): _____

Anything else we should know: _____

**This form will be kept on file for all future visits. If anything changes, you will remark so on the vacation/trip log at each visit booking.*

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date