



Pet sitting checklist - general information

Contact Details:

Owner's name: _____ Contact no. while away: _____

Emergency Contact Details:

Emergency name: _____ Emergency number: _____

Vet name: _____ Emergency vet name: _____

Address: _____ Address: _____

Contact number: _____ Contact number: _____

Household Information:

Wi-Fi Name: _____ Wi-Fi Password: _____

Bin day: (Day and what to put out) _____

Heating / thermostat: (Where it is, how to adjust it) _____

Fuse box: (Location) _____

Stopcock: (Location, how to turn it off) _____

Emergency shut-offs: (Gas, electric – where and how to turn off if needed) _____

Cleaning supplies: (Where to find them) _____

Keys / access: (Spare key location, alarm code, etc.) _____

Any other helpful information: _____



British Pet Insurance

Services

Part of the Petc**o**ver Group



Your pets details

Your Pet:

Name: _____

Female ☐

Male ☐

Breed: _____

Spayed/Neutered:

Yes ☐

No ☐

Age: _____

Food and treats:

Where do you keep the pet food? _____

What are the feeding times? What are the portion sizes? _____

Does your pet have dietary restrictions or allergies? _____

What is their treat allowance? _____

Personality and quirks:

Outline any behaviour traits, or issues: _____

Share anxiety triggers and calming methods: _____

Are there any restricted areas in the house? _____

Does your pet have favourite toys/activities? _____

Medical information:

Is your pet on medication? Yes ☐ No ☐

If yes, please describe in detail: _____

Daily routine and exercise:

What time do they wake up/go to sleep? _____

Where do they sleep? _____

Walk schedule and routes: _____

Are they allowed off lead? _____

What is their training routine? _____

What are their alone time needs? _____