

**RustyBlue**

PET SITTING

Check-in / Drop-in Care

Visits to your home for pets and agreed household tasks

01 / Your pet & the people to call

Complete one sheet per pet. Write N/A where needed; attach extra notes if space is short.

Download, fill in, and save a copy. Contact us to arrange returning your completed sheet.

Pet name**Species / breed****Age / weight****Color / markings / microchip number****Sex / spayed or neutered****Primary contact name****Mobile phone****Email****Best contact method / update preference****Service address (including unit)****Secondary contact / relationship****Secondary phone****Travel location / time zone / times unreachable / backup contact plan**

Veterinary contacts

Regular vet / clinic**Phone****Regular vet address****Emergency (24/7) vet / clinic****Phone****Emergency vet address / confirm current hours before your trip**



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02 / Food, treats & medication

Use exact portions and units (cups, grams, etc.). Write "none" for meals or medications not used.

Breakfast - food / brand

Amount

Approx. time

Medication with this meal (or none)

Meal notes / preparation

Lunch - food / brand

Amount

Approx. time

Medication with this meal (or none)

Meal notes / preparation

Dinner - food / brand

Amount

Approx. time

Medication with this meal (or none)

Meal notes / preparation

Treats - allowed types, amounts and timing

People food - allowed or not? Types, amounts and restrictions

Food allergies / foods to avoid / water routine

Other feeding notes - food storage, bowl location, habits, feeding around other pets



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03 / Medication & health

Include supplements. Write "none" if no medication is needed; attach another list if needed.

Follow the owner-provided veterinary directions. Review administration with us before care.

1. Name / strength / exact dose

How given / times / frequency

Last dose date & time

Storage / with food / special instructions

2. Name / strength / exact dose

How given / times / frequency

Last dose date & time

Storage / with food / special instructions

3. Name / strength / exact dose

How given / times / frequency

Last dose date & time

Storage / with food / special instructions

Health conditions / symptoms to watch / mobility needs / allergies other than food

Vaccination / parasite prevention status and dates / records provided

Other health notes / owner-provided veterinary instructions / demonstration needed



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04 / Daily routine & emergency plan

Physical activity level

0 1 2 3 4 5 6 7 8 9 10

0 = little to none | 10 = as much as possible

Activity notes - walks, play, limits, weather needs / handling on leash

Potty / litter routine - times, signals, accidents, cleanup

Sleep / crate routine / comfort items / how long comfortable alone

Behavior - children, dogs, other pets, triggers, fears / what helps

Safety - bite or guarding history, escape habits, hiding places, restrictions

If your pet needs veterinary care

Emergency decision-maker name

Phone

Vet notified? Authorization / payment arrangements on file? Where are instructions?

Discuss emergency arrangements with your vet before care. This sheet records information; it does not replace the clinic's consent or payment arrangements. Do not enter card numbers.



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05 / Your visit plan

Visits to your home. List the agreed schedule and tasks for each check-in.

First visit date / time

Last visit date / time

Visit schedule - dates, time windows, visit lengths / additional time arranged

Access / parking / key handoff / alarm instructions (share security codes separately)

If access fails - backup person / phone

Other visitors / workers / camera locations

Where to find food, medication, bowls, leash, bags, litter / cleaning supplies

Visit tasks - feeding, water, potty / litter, walks (duration / route), play

Other agreed tasks - plant watering (which / how much), mail, bins, lights

Before leaving - pet location, gates, doors / windows, locks, alarm, update to owner

Other notes / changes to the usual routine / backup care if your return is delayed

Prepared by

Date completed / updated

Please review any changes with us before service begins.