

**PET SERVICE & OTHER INSTRUCTIONS**  
**COUNTRY ROADS PET SITTING**  
**WWW.COUNTRYROADSPETSITTING.COM 609-894-0393**

**NAMES OF PET**

PET-1 NAME: \_\_\_\_\_ BREED/COLOR \_\_\_\_\_  
PET-2 NAME: \_\_\_\_\_ BREED/COLOR \_\_\_\_\_  
PET-3 NAME: \_\_\_\_\_ BREED/COLOR \_\_\_\_\_  
PET-4 NAME: \_\_\_\_\_ BREED/COLOR \_\_\_\_\_

**FEEDING INSTRUCTIONS**

PET-1 QTY FEED TIMES PER DAY \_\_\_\_\_ AM/PM APPROX TIME: \_\_\_\_\_  
FEEDING AMOUNT EACH PET/ \_\_\_\_\_ DIETARY RESTRICTIONS \_\_\_ YES \_\_\_ NO  
IF YES ON DIETARY RESTRICTIONS NOTE: \_\_\_\_\_

PET-2 QTY FEED TIMES PER DAY \_\_\_\_\_ AM/PM APPROX TIME: \_\_\_\_\_  
FEEDING AMOUNT EACH PET \_\_\_\_\_ DIETARY RESTRICTIONS \_\_\_ YES \_\_\_ NO  
IF YES ON DIETARY RESTRICTIONS NOTE: \_\_\_\_\_

PET-3 QTY FEED TIMES PER DAY \_\_\_\_\_ AM/PM APPROX TIME: \_\_\_\_\_  
FEEDING AMOUNT EACH PET \_\_\_\_\_ DIETARY RESTRICTIONS \_\_\_ YES \_\_\_ NO  
IF YES ON DIETARY RESTRICTIONS NOTE: \_\_\_\_\_

PET-4 QTY FEED TIMES PER DAY \_\_\_\_\_ AM/PM APPROX TIME: \_\_\_\_\_  
FEEDING AMOUNT EACH PET \_\_\_\_\_ DIETARY RESTRICTIONS \_\_\_ YES \_\_\_ NO  
IF YES ON DIETARY RESTRICTIONS NOTE: \_\_\_\_\_

**PET NOTES**

LEASH LOCATION: \_\_\_\_\_ LITTER BOX LOCATION: \_\_\_\_\_  
FOOD LOCATION: \_\_\_\_\_ TREAT LOCATION: \_\_\_\_\_  
OTHER SPECIAL NOTES: \_\_\_\_\_

**MEDICAL INFORMATION: Pet(s) must be up to date on vaccinations**

RABIES EXP DATE: \_\_\_\_\_ DISTEMPTER: \_\_\_\_\_  
AGE: PET 1: \_\_\_\_\_ PET 2: \_\_\_\_\_ PET 3: \_\_\_\_\_ PET 4: \_\_\_\_\_

MEDICATIONS TO ADMINISTER:

PETS-1 NAME: \_\_\_\_\_ MEDS: \_\_\_\_\_ TIME: \_\_\_\_\_  
NOTES: \_\_\_\_\_

PETS-2 NAME: \_\_\_\_\_ MEDS: \_\_\_\_\_ TIME: \_\_\_\_\_  
NOTES: \_\_\_\_\_

PETS-3 NAME: \_\_\_\_\_ MEDS: \_\_\_\_\_ TIME: \_\_\_\_\_  
NOTES: \_\_\_\_\_

PETS-4 NAME: \_\_\_\_\_ MEDS: \_\_\_\_\_ TIME: \_\_\_\_\_  
NOTES: \_\_\_\_\_

# HOME INSTRUCTIONS

## ALARM INFORMATION

LOCATION: \_\_\_\_\_  
ENTRY CODE: \_\_\_\_\_ PASSWORD: \_\_\_\_\_  
KEY RETURN INSTRUCTIONS OR OTHER: \_\_\_\_\_

## PLANTS WATERING INSTRUCTIONS:

CHECK AND CIRCLE DAY AND TIME:  MON-AM / PM,  TUES-AM / PM,  WED-AM / PM,  
 THUR-AM / PM,  FRI-AM / PM,  SAT-AM / PM,  SUN-AM / PM

PLANT LOCATION / NOTES \_\_\_\_\_

TRASH LOCATION AND DAY: \_\_\_\_\_  M  T  W  TH  F  S  S  
RECYCLE LOCATION AND DAY: \_\_\_\_\_  M  T  W  TH  F  S  S

MAIL \_\_\_\_\_, LIGHTS \_\_\_\_\_, RADIO / TV \_\_\_\_\_

FUSEBOX LOCATION \_\_\_\_\_

OTHER HOME NOTES: \_\_\_\_\_  
\_\_\_\_\_



## EMERGENCY INFORMATION

1<sup>ST</sup> EMERGENCY CONTACT THAT HAS ACCESS OR CAN HAVE ACCESS TO YOUR HOME:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
CHECK ONE:  FRIEND  NEIGHBOR  RELATIVE

2<sup>ND</sup> EMERGENCY CONTACT THAT HAS ACCESS OR CAN HAVE ACCESS TO YOUR HOME:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
CHECK ONE:  FRIEND  NEIGHBOR  RELATIVE

IN THE UNLIKELY EVENT YOU DO NOT ARRIVE HOME AS SCHEDULED-PLEASE LET US  
KNOW WHO YOU WOULD WANT US TO CONTACT TO BE WITH YOUR PETS

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
LOCATION ADDRESS: \_\_\_\_\_  
CHECK ONE:  FRIEND  NEIGHBOR  RELATIVE