

Fur to Feathers Pet Sitting Service

Pet Profile rev 7/2023

Pet Name: _____ **Sex:** ___ M ___ F **Spayed/Neutered?** ___ Yes ___ No

Color: _____ **Breed:** _____ **Age:** _____ **Birthday:** _____

Feeding Time: _____ AM _____ PM **Water:** _____ Tap _____ Filtered _____ Other

Food: _____ Wet _____ Dry

Food Amount: _____

Feeding Location: ___ Inside ___ Outside ___ Both **Separate Feedings?** _____

Disposal of Left Over Food/Cans: (Recycle cans? Garbage Disposal?) _____

Any Special Treats? _____ **Which Treats?** _____ **How Many?** _____

Favorite Toys? _____

Cat Litter Box Location: _____ **Bags/Scoop/Extra Litter Location:** _____

Pet Waste Disposal Location: _____

Meds: Refer to [Medical Waiver Form](#) for information on medication, frequency, dosage, and how administered

Notes: _____

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