







Pet Sitting Checklist



-  Leave a completed copy of the Pet Sitting and Emergency Veterinary Medical Authorization Form. You may choose to seal the Emergency Form in an envelope to be opened by the vet for security purposes.
-  Leave a pet carrier for each of your cats by the front door. In the event of an emergency your sitter may not have time to search for the carrier.
-  Leave a leash for each dog by the front door. In the event of an emergency your sitter may not have time to search for them.
-  Please list all hiding places for your cats: _____

-  Please list all hiding places for your dogs: _____

-  Prepare one zip lock bag for each pet filled with their medication. This will make it much easier to grab in the event of an emergency.
-  Notate the location of the main circuit breaker: _____
-  Notate the location of the main water cut off: _____
-  Leave a few extra days of food and/or medication then necessary in case you are delayed from returning home.
-  Call veterinary hospital in advance with credit card information for payment incase of an emergency.
-  Be sure current ID tags are attached to the collar of each pet should it get lost.
-  Please list any unusual, but normal, characteristics of pet(s): _____

-  Please list contact person who will take the pets incase of an emergency on my behalf: _____

Pet Sitting Form



Owner Name: _____

I will be staying at: _____

Phone Numbers: _____

	Pet 1	Pet 2
Name		
Breed		
Color		
Age		
Sex	Male / Female Neutered / Spayed	Male / Female Neutered / Spayed
Last Vaccination		
Last Rabies		
<hr/>		
Medication		
Directions		
Treatment For		
<hr/>		
Medication		
Directions		
Treatment For		
Special Instructions		
	Primary Veterinarian	Emergency Veterinarian
Hospital		Oakland Veterinary Referral Services
Veterinarian		
Address		1400 South Telegraph Road Bloomfield Hills, MI 48302
Phone		866-334-6877
Website		www.ovrs.com
Hours		Emergency & Critical Care - Open 24 hours / 7 days a week

Emergency Veterinary Medical Authorization



Authorized Sitter	
Primary Hospital	
Emergency Hospital	Oakland Veterinary Referral Services • 1400 South Telegraph Road Bloomfield Hills, MI 48302 866-334-6877 • www.ovrs.com
Other Hospital	

If any of my animals become ill or injured, I authorize for the pet sitter listed above to take them to any of the above veterinarians for diagnoses and treatment. The veterinarian will attempt to contact me for authorization for treatment. If I am unavailable and my pet needs emergency treatment, the veterinarian is hereby authorized to treat the animal at their discretion.

I authorize treatment charges up to \$_____. In the event that immediate payment is required please charge my credit card below:

Cardholder Name: _____

Address: _____

Phone Number: _____

Driver's License #: _____

Credit Card Number: _____

Signature

Date

Please include a photocopy of the driver's license and front and back of the credit card.