

Pet-Sitter Instructions

A complete handoff for one trip: contacts, care, home and a daily log



Your sitter should never have to guess. Fill in these pages before you leave, walk through them together, and keep them where the sitter will look first — on the counter or the fridge.

HOW TO USE THIS SET

- Fill in pages 2–5 a few days before you leave, while you can still check details with your vet.
- Print one copy of pages 3, 4 and 6 for each pet, and extra copies of page 6 as needed.
- Walk the sitter through every page in person, at the food bowls, leashes and litter box.
- Share door codes, alarm codes and Wi-Fi passwords privately — not on a page left in plain view.
- The sitter records each visit on page 6 so you can see what happened while you were away.

BEFORE YOU LEAVE

- ☐ Pet ID tags are on and the microchip registration shows your current phone number.
- ☐ Enough food, litter and medication for the whole trip plus three extra days.
- ☐ Your vet knows a sitter is caring for your pet and how you will authorize care.
- ☐ Carrier, leash and cleaning supplies are where the supply list says they are.

PAGES IN THIS SET

PAGE	WHAT IT COVERS
2	Owner, sitter, backup, veterinarian, emergency hospital and care authorization
3	Pet profile, ID, food, water and the daily routine
4	Walks, litter, behavior, owner-provided medication and health notes
5	Home access, house notes, where supplies are and a lost-pet plan
6	Daily care log the sitter fills in at every visit

FRIDGE QUICK CARD — CUT OUT AND POST WHERE THE SITTER WILL SEE IT

PET NAME(S)

OWNER PHONE

BACKUP PHONE

VET PHONE

24-HOUR EMERGENCY HOSPITAL + PHONE

Emergency? Call the vet or emergency hospital first, then the owner.

Animal Poison Control (ASPCA): (888) 426-4435 · 24/7 · fee may apply

Contacts & Emergency

In an emergency, call the vet or emergency hospital first, then the owner



OWNER

OWNER NAME(S)	MOBILE PHONE	TEXT OR CALL?
<hr/>		
SECOND CONTACT / CO-OWNER	PHONE	EMAIL
<hr/>		
AWAY FROM (DATE)	BACK ON (DATE + TIME)	WHERE WE WILL BE / BEST WAY TO REACH US
<hr/>		

SITTER

SITTER NAME	PHONE	VISITS PER DAY / OVERNIGHT?
<hr/>		

LOCAL BACKUP — CAN COME OVER IF NEEDED

NAME	RELATIONSHIP	PHONE
<hr/>		

VETERINARIAN

CLINIC NAME	VETERINARIAN	PHONE
<hr/>		
ADDRESS	HOURS	
<hr/>		

24-HOUR EMERGENCY ANIMAL HOSPITAL

HOSPITAL NAME	PHONE
<hr/>	
ADDRESS / DIRECTIONS	
<hr/>	

ASPCA Animal Poison Control: (888) 426-4435 — 24 hours a day, 365 days a year. A consultation fee may apply.

CARE AUTHORIZATION (OWNER COMPLETES)

If I cannot be reached, I authorize the sitter named on this page to take my pet(s) to the veterinarian or emergency hospital listed here and to approve examination and treatment up to the limit below.

APPROVED SPENDING LIMIT \$	PAYMENT ARRANGED (CARD ON FILE, PAY ON RETURN)	
<hr/>		
OWNER SIGNATURE	DATE	CLINIC INFORMED? (WHO / WHEN)
<hr/>		

Ask your clinic whether it needs its own authorization form or a card on file. This page records your instructions; it is not a legal document.

Pet Profile & Daily Routine

Print one copy for each pet



PET PHOTO

PET NAME

SPECIES / BREED

AGESEXWEIGHT (LB / KG)COLOR / MARKINGS

MICROCHIP NUMBERSREGISTRY PHONE

ID TAG / LICENSESPAYED / NEUTERED?

FOOD & WATER

FOOD (BRAND + FORMULA)

AMOUNT PER MEAL

MEAL TIMES

WHERE FOOD IS KEPT / HOW TO PREPARE

TREATS ALLOWED (WHAT + HOW MANY)

WATER BOWL LOCATION + REFILL ROUTINE

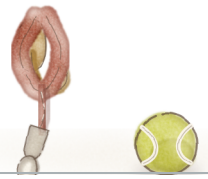
DO NOT FEED (OWNER LIST)

DAILY ROUTINE

WHEN	APPROX. TIME	WHAT HAPPENS (FEEDING, WALK, PLAY, MEDS, BEDTIME)
Morning		
Midday		
Afternoon		
Evening		
Bedtime		
Overnight		

Walks, Behavior & Health

The owner's instructions — the sitter follows them, never improvises



PET NAME

WALKS & BATHROOM

WALK TIMES + LENGTH

LEASH / HARNESS KEPT

PULL OR REACTIVE?

USUAL ROUTE / PLACES TO AVOID

LITTER BOX: WHERE + SCOOP HOW OFTEN

BEHAVIOR

PERSONALITY + FAVORITE THINGS

FEARS / TRIGGERS

HIDING SPOTS

ESCAPE RISK? DOORS / GATES TO KEEP CLOSED

HOUSE RULES (CRATE, FURNITURE, ROOMS, OTHER PETS)

OWNER-PROVIDED MEDICATION

Copy each medication exactly as written on the prescription label or your veterinarian's instructions. The sitter gives only what is listed here and never changes a dose — call the vet with any question.

PET	MEDICATION (AS ON LABEL)	DOSE + HOW GIVEN (COPY LABEL)	TIME(S)	WITH FOOD?	WHERE KEPT

HEALTH NOTES

ALLERGIES / CONDITIONS

NORMAL APPETITE, ENERGY + BATHROOM HABITS

CALL ME IF YOU NOTICE (OWNER FILLS IN) — AN EMERGENCY GOES TO THE VET FIRST

Home, Supplies & Lost-Pet Plan

Write where things are — share codes and passwords privately



GETTING IN & HOUSE NOTES

HOW THE SITTER GETS IN (NO CODES HERE)

ALARM: WHO TO CALL IF IT GOES OFF

THERMOSTAT SETTING

LIGHTS / BLINDS

TRASH + RECYCLING DAY

MAIL + PACKAGES

PLANTS

ROOMS THAT ARE OFF-LIMITS

WATER SHUTOFF LOCATION

BREAKER / ELECTRICAL PANEL LOCATION

WHERE SUPPLIES ARE

ITEM	WHERE IT IS
Food + treats	
Leash / waste bags	
Litter + scoop	
Medication	
Carrier / crate	
Cleaning supplies	
Vet records	

IF A PET GOES MISSING

- ☐ Search the home and immediate area calmly — check closets, under beds, garages and sheds.
- ☐ Call the owner and the local backup contact right away.
- ☐ Report the pet missing to the microchip registry using the microchip number and registry phone on page 3.
- ☐ Contact local animal shelters and animal control; ask how to file a lost-pet report.
- ☐ With the owner's okay, share a recent photo in local lost-pet groups and with neighbors.
- ☐ Leave the pet's bedding or an item that smells like home near the door or yard.

OTHER NOTES FOR THE SITTER

Daily Care Log

Sitter: one row per visit; print a copy for each pet and extra copies as needed

PET NAME		SITTER			DATES (FROM – TO)	
DATE / VISIT TIME	FOOD GIVEN	FRESH WATER	WALK / POTTY	LITTER	MEDS GIVEN? (LOG BELOW)	NOTES FOR THE OWNER

MEDICATION DOSES GIVEN

One line for each medicine given, per time. Write what was actually given; if a dose is missed, refused or spat out, write it here and call the vet (page 2).

DATE + ACTUAL TIME	MEDICATION (AS ON LABEL)	DOSE GIVEN	GIVEN? PROBLEMS	INITIALS

MESSAGE FOR THE OWNER