

Information for the Pet Sitter


Pets



Name	Description
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____


Veterinarian

Payment has been prearranged with the veterinarian.

	Name _____ Phone _____ Address _____
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Emergency Veterinarian

Payment has been prearranged with the veterinarian.


	Name _____ Phone _____ Address _____
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Contact Numbers


Please call me when you make your first visit.

	Where I'm staying _____ Cell Phone _____ Emergency Contact _____ <i>Name Phone Number</i>
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Insulin Administration

	Animal _____ Administration Times: _____ a.m. _____ p.m. Insulin type _____ Insulin dosage _____
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Food

	<p>Feed each time you are here. Please check the water, too.</p> <p>_____ is on a special diet of _____.</p> <p><i>Name</i> Amount: _____</p> <p>The other pets get _____. Amount: _____</p>
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Special Needs/Medical Conditions

	<p>Diabetic: _____</p> <p>Others: _____</p> <hr/> <p><i>Name</i> <i>Special Need</i></p> <hr/> <p><i>Name</i> <i>Special Need</i></p> <hr/> <p><i>Name</i> <i>Special Need</i></p> <hr/> <p><i>Name</i> <i>Special Need</i></p>
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Emergency Treatment of Hypoglycemia

	<p>Diabetic Pet: _____</p> <p>Signs of hypoglycemia: <u>unconsciousness, seizures, severe lethargy,</u> _____</p> <p>Treatment: Rub Karo syrup/honey/_____ on the gums until cat improves. Call me at once to see if the cat should go to the vet. If you can't reach me and you think the cat is not recovering, take the cat to the vet immediately.</p>
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Other things to remember

	
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