

Karing by Kristina



Complete Pet Care Professionals

PET PROFILE

**PO Box 10724
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703-329-1043
www.karingbykristina.com**

		B&B Client: _____	
		Interview Date: _____	
		Pet Sitter: _____	
		Backup Sitter: _____	
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Owner Name: _____	Pet Name: _____		
Breed: _____	Pet's Birthdate: _____		
Gender: _____	Spayed/Neutered: _____		
Rabies Certificate: _____	Date: _____	Year: _____	
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Meals:			
Morning: _____			
Afternoon: _____			
Evening: _____			
<hr/>			
Exercise:			
(i.e., play ball, walk) _____			
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Location of Needed Necessities:			
Fuse Box: _____			
Flashlight: _____			
Main Valve Water Shutoff: _____			
Cleaning Supplies: _____			
Doggy Towels: _____			
Leash/Collar: _____			
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Special Needs:			
(Dos and Don'ts) _____			
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Medical History:			

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Trauma Issues:			
(i.e., thunderstorms, fireworks) _____			
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