

**Daily PET Check Journal**



**Date of Visit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Visit:** \_\_\_\_\_\_\_\_\_\_\_ AM \_\_\_\_\_\_\_\_\_\_\_ PM

Did Sitter make sure the following happened:

1. House secure after entering? **YES NO**
2. Water plants? **YES NO**
3. Bring in the mail? **YES NO**
4. Bring in the newspaper? **YES NO**
5. Turn lights on/off? **YES NO**
6. Take out trash? **YES NO**
7. Open/close blinds? **YES NO**
8. House locked after leaving? **YES NO**

If the answer was “No” to any of the above tasks, please explain why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did Sitter tend to pets (if applicable)? **YES NO** Pet Treats Given: **YES NO**

Feeding Time: What ate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exercise Time: What did? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: **Y N** If yes, what time/dosage/medication given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was litter box/yard cleaned of messes? **YES NO** Pet taken to vet for any reason? **YES NO**

Behavior: **Excellent Good Average Below Average Poor**

What other events took place during visit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tape picture of pet or house taken during visit here

Signature of Sitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* 717-746-TASK \* www.taskcomplete.com \* Kelly@taskcomplete.com \***