The Professional Pet Resume

Name of Pet:

Owner & Contact Information

Owner Name(s):
Primary Phone:
Email Address:
Relocation Date:

Pet Profile

Species: **Breed:**

Sex/Age: Spayed/Neutered
Age in Years
Weight/Size:

Microchip ID: **Current Flea/Tick Control:** [Name Meds]

Health & Training History

- **Health Status:** Excellent health, fully vaccinated (Documentation attached).
- **House Training:** Fully house-trained / Litter-trained since [Age/Date]. Never had an indoor accident.
- **Socialization:** Excellent with people of all ages and other pets (when supervised).
- **Training Summary:** Completed [Name of Class, e.g., Basic Obedience] at [Training School/Facility]. Responds immediately to commands: Sit, Stay, Down, and quiet.

Character & Habits

[Pet's Name] is a [Adjective, e.g., calm, gentle, quiet] and mature companion, perfectly suited for apartment or executive living. He/She typically sleeps for [Number] hours per day and does not exhibit destructive behaviors.
* **Alone Time:** When the owners are away (average of [e.g., 4-6 hours] per day), [Pet's Name] is typically contained in [e.g., a crate, the main living area] and spends the time resting. He/She is not a chronic barker or meower. * **Grooming:** Visits the groomer/vet every [e.g., 8 weeks] for nail trimming and grooming. We vacuum all pet hair from the unit and common areas regularly. * **Destructive Habits:** Does not chew furniture, doors, or scratch floors/carpets.

References

To verify the excellent behaviour of [Pet's Name] and our responsibility as owners, please contact the following references.

Type	Reference Name & Title	Contact Information
Veterinarian		
Previous Landlord		

We understand the importance of maintaining a safe and quiet community. We commit to strictly adhering to all Strata bylaws and house rules regarding noise, leash laws, and waste disposal. Documentation, including vaccination records and proof of flea control, is available upon request.

Prepared on: November 18, 2025