

# Pet Questionnaire

Date of my first visit: \_\_\_\_\_

Pet owner \_\_\_\_\_ Phone \_\_\_\_\_ Date of my last visit: \_\_\_\_\_

## GENERAL Instructions for ALL pets:

Pet name	Food	Quantity	Time	Day

Are treats given? \_\_\_\_\_ If so, please complete this schedule.

Pet name	Treat	Quantity	Time	Day

May I take your dog(s) with me in the car on outings? Y/N \_\_\_\_\_

Walk times \_\_\_\_\_

Walk route(s) \_\_\_\_\_

## EMERGENCY:

Your vet name and phone?

Vet Name	Phone	Vet has my name?	Shots up-to-date?
Faire Isle	463-3607		

Have you given your Vet emergency instructions in the event your pet is ill or injured? \_\_\_\_\_

Do you have a pet carrier; and where is it located? Is it clean and ready for use? \_\_\_\_\_

## Emergency contact numbers:

Name	Number

Daily check-in desired? Text, phone, or email? \_\_\_\_\_

\_\_\_\_\_

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## OTHER SERVICES (Included)

- Newspaper brought in
- Mail brought in
- Plants watered? Which ones? \_\_\_\_\_

How often and how much water is required? \_\_\_\_\_  
\_\_\_\_\_

Trash taken to the curb? Which evening or morning? \_\_\_\_\_

## SECURITY:

Are you expecting anyone to be coming to the house? Repair person, gardener, etc.

\_\_\_\_\_

Which light(s) would you like me to leave on in the evening? \_\_\_\_\_

\_\_\_\_\_

Which locks do I lock during the day? \_\_\_\_\_

Are there any additional locks at night? \_\_\_\_\_

Which blinds/curtains do you usually open and close? \_\_\_\_\_

\_\_\_\_\_

## PET SITTER PERKS:

Please describe your pet sitter accommodations, and any perks (food, entertainment, laundry, etc.) that you are comfortable with providing in your absence. \_\_\_\_\_

\_\_\_\_\_

## COMBO PACKAGE (20% Discount):

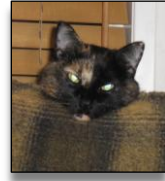
While I'm here, I could keep your pet(s) company longer while providing you additional services. Please check which services your are interested in.

- |   |  |
|---|--|
| <input type="checkbox"/> Animal training                                  | <input type="checkbox"/> Organizing a room, shelves, garage, or? |
| <input type="checkbox"/> Sorting out that Tupperware drawer!              | <input type="checkbox"/> A week of meals in your freezer         |
| <input type="checkbox"/> Researching the best product you've been wanting | <input type="checkbox"/> Other: _____                            |
| <input type="checkbox"/> Home office administration                       | <input type="checkbox"/> Other: _____                            |

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Your pet's photo here.

**SPECIFIC Instructions for EACH pet**

Pet name \_\_\_\_\_ Cat  Dog  Other  Description: \_\_\_\_\_

\_\_\_\_\_

Special things or routines that your pet enjoys \_\_\_\_\_

\_\_\_\_\_

Morning habits/rituals \_\_\_\_\_

\_\_\_\_\_

Afternoon habits/rituals \_\_\_\_\_

\_\_\_\_\_

Evening & bedtime habits/rituals \_\_\_\_\_

\_\_\_\_\_

Do you talk to him/her often? \_\_\_\_\_ What is your pet accustomed to hearing?

( You're such a buddy! You're my kitty boy! ) \_\_\_\_\_

\_\_\_\_\_

Does your pet bite? \_\_\_\_\_ What aggravates him/her? \_\_\_\_\_

Describe aggressive behavior \_\_\_\_\_

What soothes/calms your pet? \_\_\_\_\_

Describe spunky/playful behavior \_\_\_\_\_

\_\_\_\_\_

Does your pet like attention while eating? \_\_\_\_\_ Please Explain \_\_\_\_\_

\_\_\_\_\_

What play area(s) or furniture is allowed? \_\_\_\_\_

\_\_\_\_\_

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What play area(s), rooms, or furniture is NOT allowed? \_\_\_\_\_

\_\_\_\_\_

Praise sounds like \_\_\_\_\_

Reprimand sounds like \_\_\_\_\_

Is your pet shy? \_\_\_\_\_ How will s/he warm up to me? \_\_\_\_\_