



# Critter and Home Care

14196 N Bright Angel Trail, Marana, AZ 85658

[CritterandHomeCare@gmail.com](mailto:CritterandHomeCare@gmail.com)

[www.CritterandHomeCare.com](http://www.CritterandHomeCare.com)

(719) 839-5891

1. Your name: \_\_\_\_\_

2. Your phone number: \_\_\_\_\_

3. Your email address: \_\_\_\_\_

4. Your street address: \_\_\_\_\_

5. Type of pet: \_\_\_\_\_

ONE

TWO

6. Pet name(s): \_\_\_\_\_

7. Description of pet(s): \_\_\_\_\_

8. Number of daily visits: (circle one)

Single

Two

Three

Four

9. Date of FIRST visit: \_\_\_\_\_

10. Time of FIRST visit: (circle one and put in requested time)

AM (once/twice daily visits) \_\_\_\_\_am

PM (once/twice daily visits) \_\_\_\_\_pm

Morning (multiple daily visits) \_\_\_\_\_am



## Pet Profile – Other





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(10. continued)

Afternoon (multiple daily visits)\_\_\_\_\_pm

Evening (multiple daily visits)\_\_\_\_\_pm

Night (multiple daily visit)\_\_\_\_\_pm

11. Date of FINAL visit:\_\_\_\_\_

12. Time of FINAL visit: (circle one and put in requested time)

AM (once/twice daily visits)\_\_\_\_\_am

PM (once/twice daily visits)\_\_\_\_\_pm

Morning (multiple daily visits)\_\_\_\_\_am

Afternoon (multiple daily visits)\_\_\_\_\_pm

Evening (multiple daily visits)\_\_\_\_\_am

Night (multiple daily visits)\_\_\_\_\_pm

13. Where will you be staying?\_\_\_\_\_

14. Neighbor, family member or home watch emergency contact:\_\_\_\_\_

\_\_\_\_\_

15. Veterinarian name/location:\_\_\_\_\_

\_\_\_\_\_

16. Veterinarian's phone number:\_\_\_\_\_

17. Closest 24-hour emergency pet hospital:\_\_\_\_\_



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18. Food and water bowl location: \_\_\_\_\_

19. Feeding instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Extra food location: \_\_\_\_\_

21. Medication instructions: \_\_\_\_\_

21. Cage or pen location: \_\_\_\_\_

22. Special cleaning instructions: \_\_\_\_\_

\_\_\_\_\_

23. Waste bin location: \_\_\_\_\_

24. Extra trash bags location: \_\_\_\_\_

25. Location of cleaning supplies: \_\_\_\_\_

26. Favorite hiding places or hangouts: \_\_\_\_\_

\_\_\_\_\_

27. Favorite toys and games: \_\_\_\_\_

\_\_\_\_\_

28. Special treats: \_\_\_\_\_

29. Special treats location: \_\_\_\_\_



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30. Are your pet's vaccinations up to date?

Yes

No

31. Does your pet bite or are they venomous or aggressive?

Yes

No

32. Is your pet chipped or do they wear an air tag?

Yes

No

Other special information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. I authorize Critter and Home Care to use a photo of my pet on their website for advertising purposes.

Yes

No

33. Signature: \_\_\_\_\_ Date: \_\_\_\_\_