

# Pet Instruction forms

## Introduction Form



### Contact and Client Profile

Please print clearly using blue or black ink. Fill in all applicable fields to your best knowledge

#### Client Contact information

Clients full name

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Address

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Mobile number

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Email address

Work Number

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#### Emergency Contact Information

Emergency contact name

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Do they have a key?

Y  N

Relationship to owner

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Mobile number

Work Number

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Email address

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#### Vet information

Vet name

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Vet address

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Phone number

Opening hours

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Email address

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## Pet Information

Pets name		Dogs age	
Animal		Sex	M <input type="radio"/> F <input type="radio"/>
Neutered/Spayed	N/A <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>	Fully vaccinated	Y <input type="radio"/> N <input type="radio"/>
Up to Date with flea and tick treatments		N/A <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>	
Is your Pet insured?		Y <input type="radio"/> N <input type="radio"/>	
Tag on collar	N/A <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>	Crate used	Y <input type="radio"/> N <input type="radio"/>
Micro chipped	Y <input type="radio"/> N <input type="radio"/>	Insurer	
Treats allowed	N/A <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>		
Allergies/intolarances	Y <input type="radio"/> N <input type="radio"/>	More information:	
<hr/>			
Medical conditions	Y <input type="radio"/> N <input type="radio"/>	More information:	
<hr/>			
Is medication required?	Y <input type="radio"/> N <input type="radio"/>	If yes please fill out medication form	
<hr/>			
Please tell us about your pets temperament			
<hr/>			
<hr/>			
Distinguishing features:			
<hr/>			
How does your pet react to being in a car?			
<hr/>			
<hr/>			
Any limited or impaired sensory functions?			
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Feeding times:		Quantity:	
<hr/>			
<hr/>			
Is your dog allowed off lead?	Y <input type="radio"/> N <input type="radio"/> N/A <input type="radio"/>	If so please sign off lead waiver *	
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## Pet Information continued...

Has your pet ever shown signs of aggression towards a person or another animal? Y  N

Please explain below:

Any behavioural concerns (guarding things, noise phobias, etc)

### Dog sitting only: skip if not relevant

Does your dog require a muzzle? N/A  Y  N

Does your dog have good recall? Y  N

If yes, please give details:

How does your dog respond to the following

<input type="radio"/> Cats	<input type="radio"/> Dogs
<input type="radio"/> Birds	<input type="radio"/> Squirrels

Please indicate where the following are kept

- |                               |   |
|-------------------------------|---|
| <input type="radio"/> Towel   | <input type="radio"/> Lead/collar       |
| <input type="radio"/> Toys    | <input type="radio"/> Treats            |
| <input type="radio"/> Brushes | <input type="radio"/> Cleaning supplies |

My pet loves:

My pet hates:

## *Pet sitting details*

Start date:

End date:

How many visits or potty breaks per day

Visit 1 time:

Visit 2 time:

Visit 3 time:

Visit 4 time:

Full payment due:

## *House information*

Will you be providing a key

Yes

No

If no please give details of how we will enter home

Will there be anyone in your home?

Yes

No

Will house alarm be on

Yes

No

Code

Restricted areas of the house

Yes

No

Please specify

Which door will I be entering from?

## *Client consent*

Client name

Date

Client signature

Pet sitter name

Date

Pet sitter signature



