

BZPC PET QUESTIONNAIRE

Please complete the ENTIRE form so I can have a better understanding of your pet! This form simply allows me to gain insight into your fur baby so I can provide them with the best care possible. If you reach a question and aren't sure if you should complete it, just remember, "***When in doubt, FILL IT OUT!***" If you have a dog the Dog Questionnaire is required, and if you have a cat the Cat Questionnaire is required. Please make sure to include a copy of the pet's most recent vaccination/vet records. The final page is for you to include any additional notes that may be helpful for me in caring for your pet. Please use this space for any questions where you need additional space to provide your answers. Feel free to add additional pages of notes; too much information is always better than not enough!

Pet Parent Information

Name

Address

Phone Number (required)

Email Address (required)

Do you prefer to be contacted by Phone Calls, Texts or Emails?

Pet Information

Name

Type of Pet (Dog, Cat) and Breed

Age (DOB if available)

Male or Female

Male Female

Has your pet been spayed or neutered?

Yes No

1) How long have you had this pet?

2) Is your pet currently on a flea and tick preventative?

Yes No

If YES, provide product names and date last administered

If NO, please provide detailed explanation

Pet Information (2nd Pet)

Name

Type of Pet (Dog, Cat) and Breed

Age (DOB if available)

Male or Female

Male Female

Has your pet been spayed or neutered?

Yes No

1) How long have you had this pet?

2) Is your pet currently on a flea and tick preventative?

Yes No

If YES, provide product names and date last administered

If NO, please provide detailed explanation

**Please use the NOTES section at the end of the form for any additional pets.*

Veterinary Records

Please attach a copy of your pet's most recent vet records showing proof of Rabies, DHLLP, Bordetella and negative fecal exam. If your pet is not current on any of these items please provide a detailed explanation. (Use the NOTES section at the end of the form for additional space).

Veterinarian Information

Name

Address

Phone Number

Emergency Contact Information *(This is who to contact if the Pet Parent is not available. Also in regards to house sitting, an emergency contact regarding the home or property).*

Name

Phone Number

Email Address

Home Entry and Security

1) How would you like me to enter your home?

- I will provide a house key to enter through a front, back or side door.
- Garage Door Opener
- Garage Door Keypad*
 - Keypad Code* _____

2) Do you have a home security system?

- Yes No
 - If YES, please provide detailed instructions on how to disarm and arm the alarm. Or confirm that the alarm will not be used while I am in the home.*
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Do you have surveillance cameras inside your home?

- Yes No
- Please advise if there are cameras specifically set up to monitor pets in their crates, favorite spots, etc.*

DOG QUESTIONNAIRE

There are no right or wrong answers, please just be honest! The more I know and understand your pet, the easier it will be for me to care for them.

1) Does your dog have any known medical issues?

Yes No

If YES, please explain:

2) Does your dog currently take any medications?

Yes No

If YES, please list the medication name and reason for medication. Use the NOTES section for details regarding administering the medication (oral, injection, frequency)

3) Is your dog potty trained?

Yes No

If NO, please explain:

4) Is your dog kennel or crate trained?

Yes No

If YES, please answer 4a and 4b

If NO, please answer 4c and 4d

4a) When you leave the house does the dog go into the crate?

Yes No

4b) Does your dog sleep in the crate at night?

Yes No

4c) If NO, please describe where the dog spends their time during the day (Full run of the house? Gated in a room?).

4d) If NO, please describe where the dog sleeps at night.

5) Is your dog leash trained? (Are they trained to wear a harness/collar with a leash to go for walks?)

Yes No

5a) If YES, does your dog pull or jump? (It's OK if they do, I just need to know what to expect!)

Yes No

5b) If NO, please describe how your dog goes outside to potty, etc. (Do they only go outside within a fenced in yard? Do you walk them without a leash and use recall/obedience training?)

6) Does your dog get along with other dogs? (When they meet other dogs on a walk are they interested, excited and playful, with no signs of fear or aggression?)

Yes No

6a) If NO, please describe how your dog reacts to other dogs (This is absolutely OK if your dog doesn't want to play with other dogs! Just tell me about how they behave around other dogs; are they nervous and afraid, running behind you to hide? Or do they charge the other dog with teeth out and aggressive behavior?) (Use the NOTES section at the end of the form for additional space).

7) Does your dog like meeting new people/strangers?

Yes No

7a) If NO, please describe how your dog reacts when meeting new people or a stranger.

8) Does your dog like to play with toys?

Yes No

8a) If NO, please describe any other activities your dog enjoys or if they simply enjoy being lazy and relaxing around the house.

8) Is your dog allowed to have treats?

Yes No

8a) If YES, please describe the types of treats they are allowed to have. Prepackaged store bought treats that you will provide? Dog safe "people food" such as apples, bananas, etc? Homemade dog treats?

9) Please provide an outline of your dog's daily schedule. This should include: What time do they get up in the morning? Do they go outside to potty first thing, and then eat breakfast? Do they have set times of day they go outside to potty? What time do they eat dinner? Do they have a nighttime routine to prepare for bedtime?

***Please use the NOTES section at the end of the form for additional space or include an extra sheet with this info.**

10) Please provide detailed instructions on feeding your dog. This should include: What type of food they eat, where it is located in your home, the measurements of food given to the dog for each meal, how many times a day the dog is fed.

***Please use the NOTES section at the end of the form for additional space or include an extra sheet with this info.**

11) Do you give me permission to take photos of your dog to share on social media?

Yes No

CAT QUESTIONNAIRE

There are no right or wrong answers, please just be honest! The more I know and understand about your pet the easier it will be for me to care for them.

1) Does your cat have any known medical issues?

Yes No

If YES, please explain:

2) Does your cat currently take any medications?

Yes No

If YES, please explain:

3) Does your cat use the litter box or will they potty outside of the box on the floor somewhere? (Common with multiple cats or behavioral issues! This also helps to provide me with “proof of life” signs for the kitties that like to hide when a stranger visits!)

4) Does your cat like meeting new people/strangers?

Yes No

If NO, please describe how your cat reacts when meeting new people or a stranger.

5) Do you have treats for your cat?

Yes No

If YES, please describe the types of treats that you will provide, and how often they are given treats.

6) Does your cat like to play with toys?

Yes No

7) Please provide detailed instructions on feeding your cat. This should include: What type of food they eat, where it is located in your home, the measurements of food given to the cat for each meal, how many times a day the cat is fed.
***Please use the NOTES section at the end of the form for additional space or include an extra sheet with this info.**

8) Do you give me permission to take photos of your kitty to share on social media?

Yes

No¹

NOTES