

Introduction forms

Let's get to know you



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

Address

Mobile number

Email address

Work Number

Emergency Contact Information

Emergency contact name

Do they have a key?

Y ☐ N ☐

Relationship to owner

Mobile number

Work Number

Email address

Vet information

Vet name

Vet address

Phone number

Opening hours

Email address

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/intolerances	Y <input type="radio"/> N <input type="radio"/>	More information:	
Medical conditions	Y <input type="radio"/> N <input type="radio"/>	More information:	
Is medication required?	Y <input type="radio"/> N <input type="radio"/>	If yes please fill out medication form	
Please tell us about your pets temperament			
Distinguishing features:			
How does your pet react to being in a car?			
Any limited or impaired sensory functions?			
Feeding times:		Quantity:	
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 *

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 dislikes:

Pet sitting details

Start date:

End date:

How many visits 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 the 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

Extra information

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper or a document template. There are no margins, text, or other markings on the page.