



## PERSONAL LIFESTYLE

CONCIERGE A gift of time!

# Pet Sitting Questionnaire

### Owner Information

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_
- Email \_\_\_\_\_

### Emergency Contact

- Name \_\_\_\_\_
- Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

### Veterinarian

- Doctor's Name \_\_\_\_\_
- Hospital/Practice Name \_\_\_\_\_
- Address \_\_\_\_\_
- Phone \_\_\_\_\_

Is your credit card number on file? Y

**Pet Information**

- Name \_\_\_\_\_ Sex M / F Spayed/Neutered Y / N
- Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed \_\_\_\_\_
- Color \_\_\_\_\_ Weight \_\_\_\_\_ Micro Chip – ID Tag Y / N

**Feeding Schedule**

Amount \_\_\_\_\_ Cups Times per day \_\_\_\_\_

- Is your pet allowed treats Y / N
- Any allergies/Medications \_\_\_\_\_

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**Feeding Schedule**

Amount \_\_\_\_\_ Cups Times per day \_\_\_\_\_

- Is your pet allowed treats Y / N
- Any allergies/Medications \_\_\_\_\_
- What is the daily routine of your pet?
- Is your pet up to date with all shots and vaccinations? (Rabies, Bordetella, etc.)

- Information relating to the personality of your pet is very valuable. Is your pet shy? Have separation anxiety? Aggressive? Tend to get into trouble when alone?
- What, if anything, scares your pet or triggers aggressive behavior?
- Does your pet have any unusual habits?
- Are there any preparations made in case your pet unfortunately passes away while you are gone?
- What other information should we know?