

Fur Baby Questionnaire

Pet name: _____

Breed, if known: _____

Male/Female

Neutered/Spayed

Is your pet "in heat"? YES NO

Age/DOB, if known: _____

Veterinarian/phone number: _____

Family members (children's ages): _____

Address: _____

Travel Itinerary: _____

Emergency Contact (local): _____

Are your pet's vaccinations up to date? YES NO

(I would like access to a copy)

Do they receive Bordatella? YES NO

Is your pet licensed? YES NO

Monthly Flea&Tick: YES NO Heart Worm: YES NO

Allergies: _____

Medication/Times Given/Reason: _____

Food/Feeding Routine: _____

Any food aggression? YES NO

Is your pet allowed to have treats? YES NO

Any specific yes/no for snacks: _____

Is your pet allowed to have any human food? YES NO

Does your baby have any "jealousy" issues? YES NO

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Potty trained? YES NO "Doggie door" trained? YES NO

Normal exercise/activity schedule: _____

Favorite activity: _____

Has your pet been reactive to other animals? YES NO

If so, what type of animal? _____

Has your pet ever bitten anyone (animal/human)? YES NO

If so, what were the circumstances: _____

Have you ever taken your dog to a dog park? YES NO

Do you allow your dog to be off leash in a contained area with other dogs present? YES NO

(I will NOT bring your dog to a public dog park, but have controlled park areas/yards that I have frequented with my dog and her friends')

Do you allow your pet to accompany myself to other locations, i.e. my work, coffee shop, friends' home? YES NO

Do you allow another animal to stay at the same time as yours?

(my canine is a must, this applies to another owners' animals) YES NO

Is your animal kennel trained? YES NO

Do you kennel your pet while you are away from home? YES NO

Where does you pet sleep at night? _____

Does your pet know how to swim? YES NO

Is your fur baby allowed on furniture at home? YES NO

Are they allowed on the bed? YES NO

Is your pet ok around children? YES NO

Is your animal sensitive to specific situations? YES NO

If so, what type of reaction do they have? _____

What type of training has your animal had: _____

What sort of leash/collar/harness for walks: _____

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Any other information, personality tidbits, likes/dislikes, medical:

Printed name: _____

Signature: _____ (Your signature confirms acceptance of the General Service Contract from my webpage).

Date: _____ Phone number: () _____ - _____

Do you text? Yes No

Dates of service: _____

If we are staying at your home...

House access/lock-up instruction: _____

Pet food location: _____

Waste bag location/instruction for excrement: _____

Trash instruction/day: _____

Internet access:

Name of system - _____

Password - _____

Television service/instructions: _____

Is it ok for my niece to stay as well: YES NO

Is it ok to use your condiments/butter, etc: YES NO

Anything off limits: _____

If willing to provide I like: Diet Coke, Buble/La Croix sparkling waters (preferably "darker" fruit flavors), and a beer (possibly two at the most) a day.