



WAGGING TAIL PET SITTING

Quality, Loving, In-Home Care For Your Pet While You're Away

For Your Consultation:**

CLIENT INFORMATION:

Name: _____

Referred by: _____

If not referred, How did you hear about Wagging Tail Pet Sitting?

Address: _____

Total # of Pets in the Home: ____ Dogs ____ Cats ____ Birds ____ Fish ____
Cage Pets ____ Other (please list) _____

Contact Information

Home Phone: _____ Work Phone: _____

E-mail: _____

Cell Phone: _____ Can you accept text messages:

Yes No

PET PROFILE:

Name, Age, Sex, Species and Color of Each Pet to be Cared for:

Name	Age	Sex	Species	Color

Feeding Instructions / Snacks

Name of Pet: _____

Meal/Snack Instructions: _____

Name of Pet: _____

Meal/Snack Instructions: _____

Name of Pet: _____

Meal/Snack Instructions: _____

Location of Leash, Halter: _____

Favorite toys & Location: _____

For Dogs: Kept in Home: _____ Own Room: _____ Crate: _____ Yard: _____

For Cats: Kept in Home / Own Room (required): _____

Clean-up: Yard: Location of Scooper: _____

Where to dispose of waste: _____

Cat Sand Box Location: _____

Where to dispose of waste: _____

Cleaning supplies located: _____

Veterinarian, Address & Phone: _____

(Medical information is requested on a separate Veterinarian Authorization Form.)

In case of emergency, with your pet(s) or home, and you cannot be reached, who should we contact?

Name & Address:

Phone/Cell: () _____

HOME CARE

Lights Rotated _____ Windows Open/Closed _____

Take a Newspaper? _____ Location of Mail Box _____

Locked & Number? _____ Trash Can Location: _____

Day of Pick-Up _____ Thermostat: Heat/Cooling _____

Houseplants to Water? _____

Outdoor/Patio Plants to Water? _____

Important Phone Numbers:

Relative: _____

Neighbor: _____

Landlord/HOA: _____ Housekeeper: _____

Gardener: _____ Handyman: _____

Will pet-care responsibility be shared with anyone else during your absence? **

_____ Yes _____ No

If yes, please give name, address, phone number of other person and details of 'job sharing' arrangement. _____

(**) Will anyone else be coming into the house while you are gone and I am in your home? Family member or other party?

HOME ALARM

Are you on a Home Alarm System? Yes: _____ No: _____

Code to Enter / Code to Exit (Note if need to create Unique Code for Pet Sitter)

ENTER	EXIT

Company Name: _____ Phone: _____

Code: _____ (To disarm if need to call company)

Are security cameras in use at home? Yes No If yes, locations:

KEYS*

Key provided to Pet Sitter _____ Keypad code provided to Pet Sitter: _____

House key tested: _____ Gate key tested: _____ Mail box key tested: _____----

Does anyone else have keys to your home? If so, who and contact information:

Key Options: Key kept on permanent file with Pet Sitter: _____ Key mailed back (mail service, \$5): _____ Key returned in person by Pet Sitter: _____ (Return Trip, \$20)
Owner will Pick Up: _____

(*) Pet Sitter will test House Key prior to leaving the home, at the conclusion of the Consultation and upon booking the Pet Sit service.

*****Request a Consultation.** *Wagging Tail/Pet Sitter will call to confirm the day and time for your Consultation.*

*****Thank you for completing this informational questionnaire. We will use this information and ask additional questions during your initial consultation to complete your Client Profile.***