



PRIME TIME DOG WALKERS

Pet Sitting Information & Questionnaire

Client # _____

Owner's Info:

Last Name: _____ First Name: _____
Email: _____ Home Phone: _____ Work Phone: _____
Cell Phone: _____
Address: _____ City: _____ Zip: _____

Motel/other staying at:

Name: _____
Address: _____ City: _____ Zip: _____
Phone(s): _____
From: _____ To: _____

Motel/other staying at:

Name: _____
Address: _____ City: _____ Zip: _____
Phone(s): _____
From: _____ To: _____

Motel/other staying at:

Name: _____
Address: _____ City: _____ Zip: _____
Phone(s): _____
From: _____ To: _____

Other Contacts:

Name 1: _____ Phone(s): _____
Name 2: _____ Phone(s): _____
Name 3: _____ Phone(s): _____

Flight:

Flight to destination:
Airline: _____ Flight #: _____
Leaving (date/time): _____ Arriving (date/time): _____
Flight back home:
Airline: _____ Flight #: _____
Leaving (date/time): _____ Arriving (date/time): _____

People authorized to be in your house while your away: None

Name 1: _____ Phone(s): _____
Name 2: _____ Phone(s): _____
Name 3: _____ Phone(s): _____
Name 3: _____ Phone(s): _____

Feeding Instructions for: _____

Feed apart from other pets/supervise Dispose of uneaten food Remove food after _____ Min

<input type="checkbox"/> Dry	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Wet	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Water	<i>Water will be cleaned and filled frequently</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: Water Location:
<input type="checkbox"/> Treats	Name: Amt: Location:	Notes:	

Pet's Living Area:

<input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> ONLY allowed outdoors on leash <input type="checkbox"/> Turn out, invisible fenced yard with collar <input type="checkbox"/> Turn out, secure fence: _____ <input type="checkbox"/> Turn out, no fence, but doesn't leave yard <input type="checkbox"/> NOT allowed indoors	<input type="checkbox"/> Allowed on furniture, counters, beds <input type="checkbox"/> Restrict pet area/crate only when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times Restricted Area/Crate Location: Other off-limit areas:
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Temperament/Personality:

Pet Doesn't Like:

- | | | |
|--|--|---|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days | <input type="checkbox"/> Sharing Food Dishes |
| <input type="checkbox"/> Toenail Clip | <input type="checkbox"/> Rain / Snow / Cold | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Massage | <input type="checkbox"/> New Animals | <input type="checkbox"/> All Humans |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | <input type="checkbox"/> Animals near food dish |
| <input type="checkbox"/> Petted on top of its head | <input type="checkbox"/> Dried with a Towel | <input type="checkbox"/> _____ |

Pet reacts to the above by: _____

Has Pet Ever:

Describe (even if mild, or under extreme/unusual situations)

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Where does he/she like to escape to? _____

How can he/she be retrieved? _____

Commands: (Please check commands we know, and underline commands we are working on):

- Sit No Outside Make Poo Potty Bad _____ Bath
- In the House Stay Down Walk Food Who's Here Good _____
- Move Ride Come Lay Don't Pull Treat Back Drop [it]
- Come-on _____ Heel Out Walk Nice Cookie Naughty Don't Touch
- Off _____

Allowed to go for rides in sitter vehicle (other than for emergency reasons)? yes no

May play with sitter's personal pet(s) for socialization? yes no

Favorite Games, Toys, and Activities: _____

Sleep location at home (on furniture/dog bed/your bed/kennel, etc): _____

How does your dog signal that he/she needs to go to the bathroom? _____

How long is your dog usually home alone? _____

Is your dog likely to try to escape or jump a fence? _____

Does your dog have separation anxiety? If so, what do you do to ease _____

Any other instructions or information: _____

Boarding: In the unlikely event that PTDW is unable to continue to provide pet sitting services at your house, your pet will be boarded at the facility indicated by you here: _____

Do you want us to verify you have returned on time and continue to visit if we do not hear from you? yes no

Would you like us to contact you regularly during the visit? yes no

If yes, please indicate by what method and when/how often: _____

Owner requests for the following extra services: Water: ___ Potted Plants ___ indoor ___ outdoor ___ garden ___ flower beds

How often? _____

Pick up mail? yes no Mailbox locked? yes no If yes, where is the key? _____

Mail Box # _____

Pick up newspapers? yes no n/a

Lights off in the morning / on at night: _____

Drapes/blinds - open in the morning / closed at night: _____

Radio/TV - on all day/night ___ on / off when? _____

Trash collection day: _____ Recyclables collection day: _____ Yard waste collection day: _____