

CRITTER CARE

PET QUESTIONNAIRE

1. What is your name, address (include cross streets) and phone number & email address (if applicable)?

2. What is your pet(s) breed, approximate age and name _____

3. What are the dates and times that you will be leaving and returning?

4. Do you have an alarm system or access code to your residence?

5. How many visits and/or overnights will you need?

6. What type of food do you feed your pet(s), quantity and at what time(s)?

7. Will you be giving Critter Care a spare key? If so, will it be returned in person, left on final visit, or would you like us to keep it for future visits?

8. What is the name, address and phone number of your pet(s)'s veterinarian/avian?

9. Do you have any emergency phone numbers, such as a cell number, and/or a family member or a neighbor's number that you trust?

10. Would you like any of the following services provided at no additional charge?
()mail ()newspaper ()lights/blinds alternated ()plants watered
()t.v. or radio left on ()trash/recycle bins taken in/out ()other
11. Any additional instructions?