

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?