**A Cuddle Above Pet Care**

**New Client Questionnaire**

Dates of service needed:

Service Requested: Overnight Sitting Dog Walking Potty Breaks Cat Sitting

Pet Taxi/Concierge Service Bird & Caged Pet Sitting Multi Pet Sitting

Parent Name:

Address:

City, State: Zip:

Phone: (H): (W): (C);

Email address:

Emergency Contact Name:

& Phone Number:\_

1. Pet’s Name: DOB:

Breed: Color:

Sex: Neutered Male Intact Male Spayed Female Intact Female

1. Pet’s Name: DOB:

Breed: Color:\_

Sex: Neutered Male Intact Male Spayed Female Intact Female

Veterinarian Name & Clinic:

Phone Number:

How long have you had your pet?:

From where did you obtain your pet? :

Is/Was your pet CRATE TRAINED? Yes No

Is your pet HOUSE TRAINED? Yes No

How many hours is your pet accustomed to spending in a crate on a daily basis?:

Does your pet have any food allergies? Yes No

**If so, please list:**

Do you have any objections to us giving your pet treats? Yes No

Is your dog/cat on any medications or does she/he have any medical problems or suffer from any chronic illnesses (seizures, stress diarrhea, etc.) that we need to be aware of? Yes No

**If so, please list and explain:**

**Please answer the following questions as thoroughly as possible:**

Does your pet guard objects or food from people? Yes No  **If yes,please explain.**

Has your pet ever growled at a person? Yes No **If yes, please explain.**

Has your pet ever snapped at a person? Yes No  **If yes,please explain.**

Has your pet ever bitten a person? Yes No **If yes,please explain.**

Is your pet afraid of thunderstorms? Yes No **If yes, does she/he have medication (type and dosage)?**

Has your pet ever jumped or climbed a fence? Yes No  **If yes,list type and height of fence.**

Does your pet have any behavioral problems that we should be aware of? (for example, doesn’t like small dogs, men, women, children, strangers, other dogs/cats; doesn’t like collar or a specific part of body touched, etc.) Yes No **If yes, please describe.**

Is there anything else you can tell us that will help us provide the most loving care possible for your pet(s)? :

Do you have additional pets that require love and attention? Yes No

**If yes, please circle all that apply below:**

Animal Type: Bird Guinea Pig Hamster Rabbit Fish Other

Pet Name: How long have you had them?:

What are their dietary requirements? (food, frequency and amount of feeding):

Is there anything we need to know in regards to handling your pet?

What do we need to know about cage/crate/bowl cleaning?:

Is there any additional information that you can share that will help us provide the

best possible care for your pet?:

Were you referred? Yes No If so, by whom? :

Thank you very much for your time. A Cuddle Above Pet Care’s goal is to provide a fun, loving and safe environment for your pet(s).