JUNE COLLINS

Pet Sitting Client Questionnaire

Please complete this form as thoroughly as possible. The more I know about your pet and household, the safer and smoother our time together will be.

CLIENT INFORMATION

Client Full Name			
Home Address			
City		**State**	
ZIP Code		**Phone Number**	
Email Address			
Preferred Contact Method			

EMERGENCY CONTACTS

Please list at least two people who can be reached if you are unavailable.

Contact 1 Name	**Relationship**	**Phone Number**
Contact 2 Name	**Relationship**	**Phone Number**

HOME ACCESS & ALARM INFORMATION

Security System Company	
Alarm Code (Arm / Disarm)	
Arming / Disarming Instructions	
Alarm Company Phone Number	
Key Location / Lockbox Code / Garage Code	
Does anyone else have access to the home? (family, neighbor, cleaner, etc.)	

Are any workmen or service companies expected during my visits? (who, company, expected date/time)	
Do you rent? If so, will the landlord or property manager need access?	
Other Access Notes (gate codes, dogs to secure before entry, etc.)	

VETERINARIAN INFORMATION

Veterinary Clinic Name			
Clinic Address			
Veterinarian Name		**Clinic Phone**	
Is your pet currently insured? (Provider / Policy #)			
Authorization to seek emergency vet care if I cannot be reached? (Yes / No)			

PET INFORMATION

Pet Name		**Species**	
Breed		**Age**	
Sex		**Spayed / Neutered**	
Weight		**Color / Markings**	
Microchip Number (if applicable)			
Collar / ID Tag Information			

MEDICAL HISTORY

Known Medical Conditions	

Known Allergies (food, environmental, medication)	
Current Medications (name, dosage, schedule)	
Date of Last Vet Visit	
Any physical limitations, mobility issues, or special handling needs?	

FOOD & FEEDING

Brand / Type of Food			
Amount Per Feeding		**Feeding Times**	
Treats Allowed (brand / type)			
Foods or Treats to Avoid			
Water Preferences (bowl location, fountain, etc.)			

BEHAVIORAL HISTORY

General Temperament (shy, confident, high-energy, anxious, etc.)	

How does your pet react to new people?	
How does your pet react to other animals?	
Known triggers (noises, objects, situations) and reactions	
Any history of biting, resource guarding, or reactivity?	
Commands your pet knows / responds to	
Favorite toys, activities, or comfort items	
Anything else I should know to keep your pet safe and comfortable?	

AUTHORIZATION

By signing below, you confirm the information provided is accurate and authorize June Collins to care for your pet(s) according to the details above, including emergency veterinary care if needed.

Client Signature		**Date**	