

# Meet & Greet Info Sheet

Please complete this form and send it to your Sitter along with a recent photo of your pet

## A. General Pet & Booking Information

Pet's Name		DOB	
Breed		Microchip #, Council Reg #	
Is your pet desexed?	Y / N	Is your pet toilet trained?	Y / N
If no, is it likely to be on heat? *	Y / N	Is your pet listed as dangerous by your local council?	Y / N
Owner's Name		Arrival Date	
Owner's Mobile		Arrival Time	
Owner's Email		Departure Date	
Owner's Address		Departure Time	

\*Mad Paws and its Pet Sitters are not responsible if your pet gets mated\*

Does your property have security cameras? If yes please let your Sitter know so that you can discuss	Y / N
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## Preferred contact method (please tick):

Mad Paws Site		Call	
Email		SMS/WhatsApp	

## B. Emergency Contact (This must be someone NOT travelling with you):

Emergency Contact		Mobile	
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## C. Vet's Details

Is your pet comfortable with vet visits? Y / N

\*Make sure your Vet is aware of your holiday/absence\*

Name		Phone	
Address			

## D. Feeding Details (Please provide the cup normally used )

AM: Rough time preferred	Type of Food	
	Quantity	
PM: Rough time preferred	Type of Food	
	Quantity	
Do you usually give treats?	Y / N	Details
Who will be providing the food?		
Owner	X	Sitter
	X	

### E. Personal Pet Items left with Sitter

Item	Provided?	Details
Vaccination Certificate	Y / N	
Medication	Y / N	
Food Bowl(s)	Y / N	
Bedding	Y / N	
Toys	Y / N	
Flea Control	Y / N	
Brush	Y / N	
Lead & Collar	Y / N	
Other (e.g. Cat litter)	Y / N	

### F. Sleeping Arrangements

When you <b>are home</b> where does your pet spend most of its time?	
When you are <b>not home</b> where does your pet spend most of its time?	
Where does your pet sleep at night?	
What is the maximum amount of time they can be left on their own?	

### G. Walking Arrangements

Will your dog require walks?	Y / N
How often?	
How far / long?	
Are you happy for your dog to be off leash in a controlled area e.g. dog friendly park/beach	Y / N
Does your pet pull on the lead?	Y / N
Is your pet used to walking with other dogs?	Y / N
Any tips/tricks?	

### H. Getting to know your pet – Does your pet have any of the following habits?

Digging	<input checked="" type="checkbox"/>	Details
Scratching	<input type="checkbox"/>	
Excessive Barking	<input type="checkbox"/>	
Phobia of Fireworks	<input type="checkbox"/>	
Escaping or Jumping Fences	<input type="checkbox"/>	
Chewing	<input type="checkbox"/>	
Whimpering	<input type="checkbox"/>	
Other (please provide details)	<input type="checkbox"/>	

### The three most important things NOT TO DO when minding my pet:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby agree to the Mad Paws terms and conditions, confirm that the above information is correct and that I have provided my Sitter with all the necessary details to provide the best possible service.

Owner's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_