

# **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?