

HOME VISIT INFORMATION SHEET

Please complete in block capitals

|  |  |
| --- | --- |
| Owner’s name |  |
| Address |  |
| Telephone number | Home | Work | Mobile |
|  |  |  |
| Email |  |
| Emergency Contact (person who can make a decision about your pet/property in an emergency if we are unable to contact you) | Name |  |
| Tel (Home) |  |
| Tel (Work) |  |
| Tel (Mobile) |  |
| Pet’s name |  |
| Species & breed |  |
| Age |  |
| Gender |  | Neutered | Yes / No |
| Microchip/tattoo number |  |
| Name of vet |  | Telephone number |  |
| Services required | Feed pets |  | Empty litter tray/clean out cage |  |
| Administer medication (please complete additional form) |  | Collect mail |  |
| Spend time/play with pets |  | Water plants |  |
| Other (please specify) |  |
| Dates required |  | Preferred time of visit |  |

Please answer the following questions:

1. Is your pet up to date with all of their vaccinations?
2. Has your pet ever shown aggression towards/bitten people?

(If yes, please give details)

1. Does your pet have any particular likes or dislikes?
2. Please give details of how you would like your pet to be fed.

(E.g. location of food, what/how much he/she is to be fed)

1. Please give details of where any other items are kept.

(E.g. cleaning materials, bedding, cat litter, etc.)

1. Are you happy for Pet Angels to keep a key to your property for the duration of time that you are using their services?

(If no, please give details of where the key will be kept)

1. Does your property have a security system?

(If yes, please give details of how to operate it)

1. Are you happy for Pet Angels to use photographs of your pet(s) on our website and Facebook page and/or in other marketing?
2. Is there any more information that you would like to give us about your pet or your home?

Owner’s Signature…………………………………………………..

Print name ………………………………………………………………..

Date ………………………