



www.MyCrazyMutt.com

Robbie & Heather Brown, Owners

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Winterville, NC 28590

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Pet Information Form

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

First Contact Phone: _____

Second Contact Phone: _____

E-Mail Address: _____

How did you hear about us? _____

PET #1:

Name: _____

Species: Dog/Cat/Bird/Reptile Age: _____ Breed: _____

Sex: Male / Female

Spayed or Neutered? : Y / N

Color: _____ Weight: _____ lbs.

Distinctive Markings:

Dog/Cat Aggressive:

Stranger Aggressive:

High Prey Drive:

High, Low, or Medium Energy Level:

Fears:

Likes:

Dislikes:

Any health concerns or food allergies that we should know about?

Medications:

Medication Administration Instructions:

PET #2:

Name: _____

Species: Dog/Cat/Bird/Reptile Age: _____ Breed: _____

Sex: Male / Female

Spayed or Neutered? : Y/ N

Color: _____ Weight: _____ lbs.

Distinctive Markings:

Dog/Cat Aggressive:

Stranger Aggressive:

High Prey Drive:

High, Low, or Medium Energy Level:

Fears:

Likes:

Dislikes:

Any health concerns or food allergies that we should know about?

Medications:

Medication Administration Instructions:

PET #3:

Name: _____

Species: Dog/Cat/Bird/Reptile Age: _____ Breed: _____

Sex: Male / Female

Spayed or Neutered? : Y/ N

Color: _____ Weight: _____ lbs.

Distinctive Markings:

Dog/Cat Aggressive:

Stranger Aggressive:

High Prey Drive:

High, Low, or Medium Energy Level:

Fears:

Likes:

Dislikes:

Any health concerns or food allergies that we should know about?

Medications:

Medication Administration Instructions:

PET #4:

Name: _____

Species: Dog/Cat/Bird/Reptile **Age:** _____ **Breed:** _____

Sex: Male / Female

Spayed or Neutered? : Y/ N

Color: _____ **Weight:** _____ lbs.

Distinctive Markings:

Dog/Cat Aggressive:

Stranger Aggressive:

High Prey Drive:

High, Low, or Medium Energy Level:

Fears:

Likes:

Dislikes:

Any health concerns or food allergies that we should know about?

Medications:

Medication Administration Instructions:

Are your dogs/cats current on their Rabies vaccinations? Yes / No

Are your dogs/cats current on other vaccinations, including bordatella (dogs)? Yes / No

- Your pets **MUST be currently vaccinated** before we can begin service. We come into contact with many animals and cannot risk the health of others.
- **You must notify us in advance if your pet has a contractable illness** such as, but not limited to: heartworms, mange, giardia, coccidia or FLV/FIV, etc. We reserve the right to refuse service to pets with contagious illnesses.
- **If your pets have unsupervised access to outdoor areas via pet doors**, please make certain that they wear tags with current rabies certifications as well as your current address and telephone numbers. We are not responsible for lost or stolen pets with access to the outdoors.

_____ (Pet sitter's initials) Owner has provided proof of current vaccinations.

The next few items are for dogs only:

- **Does your dog wear different leashes for walks, such as a harness, gentle leader, choke chain or prong collar? Describe:**

- **Where are the leashes/leads kept?**

- **Does your dog do well on walks? YES \ NO, if no, describe:**

- **Favorite place to go potty outdoors?** _____

- **How does your dog do when coming into contact with other animals on a walk?**

The next few items are for cats only:

- **Does your cat like to be picked up and cuddled or is he/she a loner?**

- Is your cat(s) declawed? YES / NO
- Does your litter box require changing during our visits? If yes, what do you normally do, how often, where is used litter disposed, etc.?

For All Pets:

Favorite game, activity, tricks or words:

Where are the toys kept?

Favorite treats, where they are kept and how often you give them:

Where is food kept? _____

Specific feeding instructions:

_____ in AM
_____ in PM

Cleaning method for any accidents & location of supplies:

Miscellaneous Home Instructions:

Alarm System Instructions:

Lights:

Mail/Newspapers:

Plants you would like watered and frequency of watering:

Other information we need to know:

INFORMATION ABOUT VISITS AND TIMES:

- We do not guarantee specific times. Our daily schedule consists of four “rounds”
- 1. A.M. rounds occur between 7:30 a.m. and 9:30 a.m.
- 2. Lunch rounds occur between 11:30 a.m. and 2:30 p.m.
- 3. Afternoon rounds occur between 3:30 p.m. and 5:30 p.m.
- 4. Bedtime rounds occur between 9:30 p.m. and 12:00 midnight.
- Please be very clear about in which of the four rounds you would like us to schedule your pet’s visit.
- Scheduling of visits can be done via telephone, email or text. If emailing or texting, a reply email or text from us confirming your visit times will serve as receipt of your booking. If you don’t receive a reply from us, assume that we didn’t get the message and do not have your pet on our schedule.

Preferred number of visits per day: _____

Preferred rounds: A.M. / Lunch / Afternoon / Bedtime

Date and estimated time of your departure: _____

Date and estimated time of arrival home: _____

INFORMATION ABOUT PAYMENT AND PAID VISITS:

- Payment is due at the time of first visit. Cash or check is acceptable, and all checks should be made to Heather Brown.
- \$15.00 fee for returned checks
- We do not require deposits. If you have paid for visits and return home early, all remaining visits will count toward your next appointment. We do not give cash refunds for scheduled visits, only credits toward your next set of visits.
- 24-hour cancellation notice required.

THE WORST CASE SCENARIO:

- **In the event that you do not arrive home at the scheduled time due to accident, emergency, injury or death, we will need to be notified in order for your animals to continue to receive care. Is there someone you can use as your emergency contact? This person should have our contact information EVERY time you leave town in case the worst happens. We will continue to care for your animals for a reasonable amount of time, until such time as permanent arrangements can be made.**

Emergency Contact Person:

I have read and understand all of the above information.

Client/Pet Owner

Date