



# PET GUARDIANS

*Pet Care Services including Dog walking & Pet feeding*

Pet Information Form	
Client's Name/address:	
Pet's Name:	
Age:	
Breed:	
Colour/Markings:	
Male/Female:	
Neutered/Spayed:	
Vaccinations:	Puppy/Kitten vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Annual boosters? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
Vet Name/Address:	
Telephone Number:	
Does your pet require any medications?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered 'Yes', Please provide details of medication name, dosage, method & frequency:	

Is your pet microchipped?	Yes <input type="checkbox"/> No <input type="checkbox"/>
We will require a key to your home to feed your pet. Would you prefer to:	Provide us with our own key? <input type="checkbox"/> Secrete a key on the premises? <input type="checkbox"/>
If you are to leave a key with a neighbour, please provide their name, address and phone no:	
If you prefer to secrete a key on the premises, please provide details of the location:	
<b>Feeding.</b> At what times are your pet fed?	
Please detail feeding instructions (e.g ½ sachet twice a day etc.)	
Any special feeding instructions?	
Is your pet allowed in the garden?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your pet allowed in the house?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any further information: Please provide details of anything else that would assist us to provide better care for your pet.	
Where did you hear about Pet Guardians?	