



Meet & Greet Info Sheet

Please complete this form and leave with 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 listed as dangerous by your local council?	Y / N	Is your pet toilet trained?	Y / N
Is your pet desexed?	Y / N	No, is it likely to be on heat? *If	Y / N
Arrival Date		Arrival Time	
Departure Date		Departure Time	
Owner's Name		Owner's Email	
Owner's Mobile		Owner's Address	

Mad Paws and its Pet Sitters are not responsible if you 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	<input type="checkbox"/>	Mobile	<input type="checkbox"/>
Email	<input type="checkbox"/>	SMS/WhatsApp	<input type="checkbox"/>

B. Emergency Contact (not travelling with owner):

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	<i>Details</i>
Who will be providing the food?		
Owner	<input type="checkbox"/>	Sitter
	<input type="checkbox"/>	<input type="checkbox"/>



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 are home where does your pet spend most of its time?	
When you are not home 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?	
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"/>	<i>Details</i>
Scratching	<input type="checkbox"/>	
Excessive Barking	<input type="checkbox"/>	
Phobia of Fireworks	<input type="checkbox"/>	
“Small Dog Syndrome”	<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: ____ / ____ / ____