



Meet & Greet Info Sheet

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

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

B. Emergency Contact (This must be someone NOT travelling with you):

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	Details	
Who will be providing the food?			
Owner	<input type="checkbox"/>	Sitter	<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?	
Are you happy for your dog to be off leash in a controlled area e.g. dog friendly park/beach	Y / N
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?

	x	Details
Digging	<input checked="" type="checkbox"/>	
Scratching	<input type="checkbox"/>	
Excessive Barking	<input type="checkbox"/>	
Phobia of Fireworks	<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: ____ / ____ / ____