



INTERVIEW QUESTIONNAIRE-DOG(S)

DATE: _____

Name: _____ Address: _____

Alarm Code: _____ Tried? Y N Key tried? Y N

Dates/Times of visits: _____ Thru _____

Confirmation call? Y N Different time zone? _____

Emergency contact: _____

Phones: H : _____ W : _____

Cell : _____ E-mail: _____

Confinement instructions: _____

Walking instructions: _____

Waste disposal: _____ Recycling Y N

Name: _____ M/F, Breed : _____ Color : _____ Age : _____

MEDS? Y N Med Name : _____ Dose : _____ Time : _____

Food/water treats: _____

_____ Storage LOC. _____

Name: _____ M/F, Breed : _____ Color : _____ Age : _____

Meds? Med Name : _____ Dose : _____ Time : _____

Food/Water treats: _____

_____ Storage LOC. _____

Demeanor w other animals: _____

History of Biting/Nipping: Y N Rushes the door Y N

Fenced in yard Y N History of digging under fence? Y N

Anyone else expected on property? _____

In the event there is soiling of a carpet, what is used to clean it? _____

Other small pets, plants to be watered and nighttime lighting instructions: _____
