

PET WORKSHEET

HELPING HANDS CONCIERGE

Pet name _____

Special things or routines that your pet enjoys _____

Food quantity per meal _____

Type of food/s per meal _____

Time of meals _____

Walk times _____

Walk patterns _____

Morning habits/rituals _____

Afternoon habits/rituals _____

Evening & bedtime habit/rituals _____

Are they use to you talking to them? _____

**What type of things do you tell them?? You're my little buddy!
You're the best! Good girl!**

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Do they bite?? _____

Do they like attention when they eat? _____

Is there a certain play area or chair? _____

Are there certain areas that they are not allowed to enter?

Describe spunky/playful behavior _____

Describe aggressive behavior _____

If they become aggressive, what works best to calm them?

Are treats given? If so when and how much? _____

What is the name of your vet and their location? Have you spoken with them to set up your account in the event your loved pet got ill or was injured? Phone number _____

Do you have a pet porter and where is it located? Is it clean and ready for use?? _____

Are their shots up to date? _____

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Emergency contact numbers _____

If desired, daily check in number/s _____

Date you will leave and date when you will return _____

Time of first visit _____

Time of last visit _____

Which blinds/curtains do you usually open and close?

Do you want the paper and mail brought in? _____

If yes, where would you like these placed? _____

Do you have any plants that need to be watered? _____

How often and how much water is required? _____

Do you have any trash that needs to be put out on the curb?

If so what night or morning does this need to be done? _____

Are you expecting anyone to be coming to the house?

Lawn care? _____

What light/s would you like to have left on in the evening?
