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**Meet & Greet Info Sheet**

Please complete and return together with a photo of your dog and vaccination certificate.

Vaccination MUST be sighted BEFORE meet and greet

**General Pet and Booking Information**

|  |  |
| --- | --- |
| Pet’s Name | Owner’s Name |
| Age and Breed | Arrival Date/Time |
| Owner’s Email | Departure Date /Time |
| Owner’s Mobile | Address |
| Gender M [ ]  F[ ] (is your dog likely to be on heat?\*  Y [ ]  N[ ]  | Is your pet toilet trained? Y[ ]  N[ ]  |

**\* Mad Paws and its Pet Sitters are not responsible if your pet gets mated\***

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

|  |  |
| --- | --- |
| Emergency Contact | Mobile |

1. **Vet’s Details Is your pet comfortable with vet visits? Y** [ ]  **N**[ ]

\*Make sure your Vet is aware of your holiday/absence\*

|  |  |
| --- | --- |
| Name | Phone |
| Microchip # | Vaccination Date |

1. **Does your pet have any medical issues? Y ☐ N☐**

|  |
| --- |
| If yes please describe  |

1. **Feeding details (Please provide the cup normally used)**

|  |  |
| --- | --- |
| AM Time Preferred | Type/quantity food  |
| PM Time Preferred | Type/quantity food  |
| Do you usually give treats? Y[ ]  N[ ]  | *Details* |
| Who will be providing the food  | Owner [x]   |

1. **Personal Items to bring**

|  |  |  |
| --- | --- | --- |
| **Item** | **Yes/No** | ***Details*** |
| Vaccination Certificate | Y[x]  N[ ]  | Send before stay  |
| Food Bowl, Toys  | Y[ ]  N[x]  | I have lots |
| Leads, collars, harness, bed and medication if applicable | Y[x]  N[ ]  |  |

1. **Sleeping Arrangements**

|  |  |
| --- | --- |
|

|  |
| --- |
| When you’re home where does your dog spend most of it’s time? |

 |
|

|  |
| --- |
| When you’re not home where does your dog spend most of its time?  |

 |
|

|  |
| --- |
| Where does your pet sleep at night?  |

 |

1. **Walking Arrangements**

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| How often and how far?  |

 |  |

1. **Getting to know your pet – Does your pet have any of the following habits?**

|  |  |  |
| --- | --- | --- |
| Digging, Scratching, Excessive Barking, Phobia’s i.e. fireworks, jumping fences, chewing, whimpering or other? | Y[ ]  N[ ]  | ***Details*** |

**The two most important things NOT TO DO when minding my pet:**

1. 2.

I hereby agree to Calm Canines 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. I understand drop off is after 7am and pick up is before 4pm, unless express permission has been granted for early check in or late check out.

**Owners Signature       Print Name      Date**