

AT YOUR SERVICE

PET GROOMING & CARE



Pet History Questionnaire

All questions contained in this questionnaire are strictly confidential and will become part of your records

This Questionnaire helps us to give the best care possible for your pets in your absence. Please print all the relevant information, clearly and correctly. If you have more than one pet please give information for each pet separately. Please do not only base your answers on current services requested as we keep the information on file for future reference.

Original Date

Date revised

Owner (s) Details

First Name: _____	Surname: _____	Postcode: _____
Address: _____	City: _____	
Email: _____		
Home Phone: _____	Mobile: _____	Work Phone: _____
Preferred Vet: _____	Address: _____	Phone: _____
Emergency Contact: _____		Phone: _____
Are you or your spouse in the defence force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____
Do you have any discount coupons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____
Have you used our services before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____

Service Details

Which of our services are you interested in now or in the future?

- ☐ Dog Walking
- ☐ Pet Minding
- ☐ Behavioural/Obedience Training
- ☐ Mobile Heated Hydrobath
- ☐ Clipping
- ☐ Grooming
- ☐ Flea & Tick Control/products
- ☐ Grooming of security dogs
- ☐ Pet to Vet Services
- ☐ Behavioural Workshops
- ☐ Help picking the right dog
- ☐ Other: _____

Pet Details

	Name	Breed	Age		Name	Breed	Age
Pet 1				Pet 5			
Pet 2				Pet 6			
Pet 3				Pet 7			
Pet 4				Pet 8			

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Pet minding visit details:

No Days Required (inclusive): _____ From: _____ To: _____

How many visits per day would you like? ☐ 1 ☐ 2

Keys: _____ Copy given to AYSPM ☐ Y ☐ Held by owner (outside access only)

Do you want any of the following to happen on our visit:-

- ☐ Feeding
- ☐ Refreshing water
- ☐ Any specified tasks (medications etc.)
- ☐ Poop scooping/ litter tray
- ☐ Occasional treats (if allowed)
- ☐ Thorough check of home and property – doors and windows
- ☐ Bringing in mail/ newspapers
- ☐ Putting out garbage bins
- ☐ Watering house plants (house and veranda, limited garden plants)
- ☐ Short walk for dogs (20 mins) or playtime/ cuddles or play for cats or just 'company' time being there with the pets if they don't want interaction.

I have you read and understood Terms and Conditions: ☐ Y ☐ N

Name: _____ Signature: _____ Date: _____

Notes: (Office use Only)

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Tell me how to best care for your pet:

Name: _____ Sex: ☐ M ☐ F ☐ Desexed Type: _____ Age: _____

Vaccination: _____ **Due:** _____ **Copy Attached:** _____

Colour: _____ Breed: _____

Temperament: _____

Is your pet allowed treats? ☐ Y ☐ N Comments: _____

Medications: _____ What is this treating? _____ How often? _____

When does he/she usually eat? _____ What does he/she usually eat? _____

What quantities? _____ How often? _____

Do you have any routines when feeding you pets? (has to sit first, shake hands etc) _____

When does he/she usually go for a walk? ☐ Morning ☐ Afternoon

Additional Comments: _____

Tell me about how you walk your dog:

How long do you walk for? _____

What sort intensity is your usual walk? ☐ Slow Pace ☐ Medium Pace ☐ Fast Pace ☐ Jog

Do you want one of your services to be a play time?(eg. Ball/toy time) ☐ Y ☐ N

What is he/she like to walk? _____ What is he/she like around other animals? _____

What kind of collar do you like to use when walking? _____ Can we use a Haltie if dog pulls? ☐ Y ☐ N

Has the dog ever shown aggressive behaviour towards humans or animals? ☐ Y ☐ N

Is there anything I need to know? _____
