

P**POSITIVELY** — *Enriching* — **PET CARE**

Name of pet(s), age, species/breed:

Address:

How long can your pet be left alone for?

Does your pet have special feeding instructions?

Does your pet need any medication? If so, how do you administer it and with what level of ease or difficulty?

Are there any specific grooming needs that I will need to perform for your pet (brushing, teeth brushing, etc)? If so, how often?

Do you have cameras in or around the home? If so, please disclose where.

How many times per day do you expect updates on your pet?

Dog specific

Is your dog fully potty trained?

Does your dog require middle of the night bathroom breaks?

What time does your dog usually wake up for the day? What time do they usually go to sleep for the night?

Does your dog snore?

Is your dog crate trained and do they have a crate? If so, when does your dog usually go in the crate (bedtime, when leaving the house, etc)?

How many walks per day does your dog require and how long is each walk?

Do you have a fenced in yard?

Has your dog ever bit another dog or person?

Does your dog have any behavioral concerns, aggression, or anxiety?