



K-9 KATS QUESTIONNAIRE

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GETTING TO KNOW YOU

The following is a questionnaire that enables K-9 Kats to give your pet(s) personalized quality care. Please answer each question, when applicable, to the best of your ability. The more detail you can provide in each answer helps to ensure that your pets' individual needs will be met.

This questionnaire is not a contract for services from K-9 Kats. A personal consultation between client and K-9 Kats is necessary before any services can be provided. If possible, please have completed questionnaire ready at consultation.

Confused about a particular question? Call K-9 Kats at, (424) 625-9954

A. JUST THE FACTS

1 OWNER NAME :: _____

CO-OWNER NAME :: _____

2 ADDRESS :: _____

APT # :: _____

NEAREST CROSS STREET :: _____

APARTMENT MANAGER :: _____

ALARM CODE :: _____

ARM

DISARM

LOCATION OF ALARM PANEL(S)

ALARM SERVICE PROVIDER
(NAME & 24 HOUR #)

PARKING LOCATION :: _____
(E.G. GARAGE, STREET NAMES)

ARE YOU OK WITH US
USING A LOCKBOX ON SITE? YES :: NO ::

LOCKBOXES ARE PUT IN A SECURE & DISCREET LOCATION

HOUSE KEYS KEEP :: RETURN ::

ARE YOU ABLE TO PROVIDE
2-3 SETS OF KEYS? YES :: NO ::

CAN BE RETURNED IF PREFERRED

IF RETURNING, WHERE SHOULD THE KEYS BE PLACED?

IS THERE A SPARE KEY, AND IF SO WHERE IS IT LOCATED?

3 PHONE NUMBERS :: _____

HOME

CELL

WORK

EMAIL :: _____

4 EMERGENCY CONTACTS :: _____

(E.G. FRIENDS, RELATIVES, NEIGHBORS)

NAME

PHONE#

::

NAME

PHONE#

::

NAME

PHONE#

5 ARE LIGHTS ON TIMERS? YES :: NO :: :: _____

WHERE ARE THEY LOCATED?

WHERE CAN THE PATIO LIGHTS BE TURNED ON?



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- 6** WOULD YOU LIKE THE RADIO, T.V., OR ANY LIGHTS TO BE LEFT ON IN THE MORNING AND/OR EVENING? :: _____
- 7** MAILBOX LOCATION :: _____ DO YOU RECYCLE, IF SO WHERE? :: _____
- 8** DAY GARBAGE IS PICKED UP :: _____
- 9** IF YOU HAVE A MAID SERVICE, WHAT DAY AND TIME DO THEY COME? :: _____
- 10** WHAT DAY AND TIME DO THE GARDENERS COME? :: _____
- 11** ARE YOU OK WITH US POSTING YOUR PET ON OUR K-9 KATS SOCIAL MEDIA ACCOUNTS? :: YES :: NO ::
- 12** HOW DID YOU HEAR ABOUT K-9 KATS? :: _____
(E.G. FRIEND, GOOGLE, YELP, LOCAL FLYER)

B. GETTING TO KNOW YOUR BEST FRIEND(S)

- 1**
- | | | | | |
|--------------|----------------------|-----|-------------|------------------------------|
| i :: _____ | NAME AND TYPE OF PET | AGE | MALE/FEMALE | SPAYED/NEUTERED MICROCHIPPED |
| ii :: _____ | NAME AND TYPE OF PET | AGE | MALE/FEMALE | SPAYED/NEUTERED MICROCHIPPED |
| iii :: _____ | NAME AND TYPE OF PET | AGE | MALE/FEMALE | SPAYED/NEUTERED MICROCHIPPED |
| iv :: _____ | NAME AND TYPE OF PET | AGE | MALE/FEMALE | SPAYED/NEUTERED MICROCHIPPED |

- 2** BREED/PHYSICAL DESCRIPTION :: *(E.G. MARKINGS, COLOR)*
- i :: _____
- ii :: _____
- iii :: _____
- iv :: _____

- 3** ADOPTED FROM :: _____ DATE OF ADOPTION :: _____
(E.G. SHELTER, RESCUE, CLINIC, GIFT, BREEDER)
- DOG LICENSE # :: _____ EXPIRATION DATE _____ LICENSING MUNICIPAL AGENCY _____



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ADOPTED FROM :: _____ DATE OF ADOPTION :: _____
(E.G. SHELTER, RESCUE, CLINIC, GIFT, BREEDER)

DOG LICENSE # :: _____ EXPIRATION DATE _____ LICENSING MUNICIPAL AGENCY _____

C. SPOONFUL OF SUGAR

1 MEDICAL HISTORY :: _____
(E.G. ILLNESS, BROKEN BONE, SURGERY)

2 CURRENT MEDICAL CONDITIONS :: _____
(E.G. DIABETES, ORAL PROBLEMS, CATARACTS)

3 ALLERGIES :: _____
(E.G. FOOD, MEDICATION, PLANT)

4 MEDICATION :: _____
DOSAGE AM AND/OR PM (DAILY?) LOCATION OF MEDICATION

5 FELINE HAIRBALL MEDICATION :: _____
DOSAGE LOCATION OF MEDICATION

6 VACCINATIONS :: _____
NAME OF VACCINE(S) DATE LAST RECEIVED

7 LOCATION OF PET CARRIER :: _____

8 NAME OF VETERINARY FACILITY :: _____
ADDRESS
:: _____
NAME OF DOCTOR PHONE

9 24 HOUR EMERGENCY VETERINARY HOSPITAL PREFERENCE :: _____
:: _____
ADDRESS PHONE

10 DO YOU HAVE PET HEALTH INSURANCE? YES :: NO ::

:: _____
CARRIER NAME POLICY # PHONE

::

BRIEF DESCRIPTION OF COVERAGE (E.G. TERMS, LIMITATIONS)



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GETTING TO KNOW YOU

D. CHOW TIME

1 TYPE OF FOOD :: _____
 (E.G. WET, DRY, RAW) BRAND FEEDING TIME(S)
 :: _____

LOCATION OF FOOD LOCATION OF DISHES AMOUNT OF FOOD SERVED PER MEAL

2 BOTTLED, FILTERED, OR TAP WATER :: _____
 LOCATION OF WATER, IF BOTTLED

3 DIETARY SUPPLEMENTS :: _____
 (E.G. VITAMINS, HOMEOPATHIC HERBS) DOSAGE LOCATION OF SUPPLEMENTS

4 ARE TREATS ALLOWED? YES :: NO :: _____
 TYPE OF TREATS LOCATION OF TREATS

5 IS CATNIP ALLOWED? YES :: NO :: _____
 LOCATION OF CATNIP

E. RECESS!

1 PET'S WALK SCHEDULE :: _____
 ROUTES LEASH LOCATION

WHAT TYPE OF COLLAR IS WORN ON WALKS? :: _____ COMMANDS :: _____ WEATHER GEAR LOCATION :: _____
 (E.G. CHOKE CHAIN, HARNESS) (E.G. SIT, STAY)

2 DOES YOUR DOG GET ALONG WITH OTHER DOGS? YES :: NO ::

3 DOES YOUR PET GET ALONG WITH OTHER PETS? YES :: NO ::

4 DOES YOUR PET GET ALONG WITH OTHER PEOPLE? YES :: NO ::

5 DOES YOUR PET PLAY WELL WITH CHILDREN? YES :: NO ::

6 DOES YOUR PET BEHAVE AGGRESSIVELY? (E.G. NIPPING, BITING, LUNGING) YES :: NO ::

:: _____
 WHAT TRIGGERS THIS BEHAVIOR?

7 WHERE ARE DOG /OR CATS TOYS LOCATED? :: _____

8 IS PET ALLOWED INSIDE/OUTSIDE UNSUPERVISED? YES :: NO :: _____
 FRONT/BACK YARD?

9 WHERE IS PET DOOR LOCATED? :: _____

10 DOES CAT WEAR COLLAR? YES :: NO :: DOES COLLAR HAVE ID TAG? YES :: NO ::



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F. TAKING CARE OF BUSINESS

- 1 WHAT IS DOG'S POTTY SCHEDULE? :: _____
PICK-UP BAGGIE LOCATION *DISPOSAL*
- 2 WHERE DOES DOG POTTY? :: _____
(E.G. WALK, FRONT/BACK YARD)
- 3 IS DOG CRATE-TRAINED? YES :: NO :: _____
DURING WHAT HOURS IS DOG CRATED?
- 4 WHERE ARE LITTER PANS LOCATED? :: _____
TYPE OF LITTER (E.G. CLUMPING, PINE) *SCOOPER LOCATION* *DISPOSAL LOCATION*
- 5 DOES CAT "SPRAY?" YES :: NO :: _____
WHERE?
- 6 HOW OFTEN IS BIRD/RODENT/RABBIT CAGE CLEANED? :: _____

G. TRIMMED AND PRIMPED

- 1 LOCATION OF HOME GROOMING SUPPLIES :: _____
- 2 IF NECESSARY, WHERE IN THE HOME SHOULD PET BE BATHED? :: _____
- 3 NAME OF GROOMER :: _____
ADDRESS *PHONE#*
- 4 IS PET DECLAWED? YES :: NO ::
- 5 NAIL TRIMMING SCHEDULE :: _____

I hereby certify that I am the owner of the pet(s) listed above and that all questions regarding such pet(s) and pet care have been answered thoroughly and accurately. I further acknowledge that all information about myself and my home is correct. I understand that the signing of this questionnaire does not represent a contract for services from K-9 Kats.

Please make sure to upload this completed form through our Time To Pet app. Contact us for additional help.

DATE

NAME (PLEASE PRINT CLEARLY)