**Fellow Fauna Care - Owner and Pet profile form**

Full name of **owner**:

Address of residence:

Address while absent:

Email:

Contact number:

Another contact/ emergency contact:

**Please x the box/ replace ⃝ with X to indicate, please specify beside, underneath or as instructed for each if suitable**

One off **job** ⃝ seasonal job ⃝ repeat job ⃝

Reason for needing service:

How did you find out about Fellow Fauna Care?

Address of job:

How to access to address of job?

* I would like to receive regular update on my pet when I am absent: Yes ⃝ No ⃝
* I would like any walks or distance exercise of my pet to be tracked: Yes ⃝ No ⃝
* I give permission for any photos, information or media of my pet to be used for marketing and be blogged on social media after completion of the job: Yes ⃝ Restricted ⃝ No ⃝

**Please specify below**

House rules:

Are there any requested, access restrictions in the property of the job to the career?

Are there any access restrictions to the pet in the property of the job, that you would like to be enforced?

Where does the animal(s) rest/ is kept within the property?

**Pet** name:

**Please insert a picture of your pet here**

Male ⃝ Female ⃝ Unspecified ⃝

Year and month of birth:

Size/ weight:

Description of appearance:

Vaccinated ⃝

Neutered/ spayed ⃝

Microchipped ⃝

Has a: ID tag/ ring ⃝ Tracker ⃝ Lead ⃝ Collar/ Harness ⃝

Other accessory/ equipment that will be supplied to the career to be use ⃝

Friendly with: females ⃝ male ⃝ children ⃝

other of the same species ⃝ other of different species ⃝

Is toilet trained ⃝

Is crate trained ⃝

Is lead trained (does not pull and is heel trained) ⃝

Is re-call trained ⃝

Is use to traveling in a car ⃝

Is associated with traffic/ most textures of ground ⃝

Has a tendency to: dig, chew or escape their environment ⃝

jumps on/ up to people ⃝

runs away or dig outside their environment ⃝

get aggressive towards other people ⃝

get aggressive towards other animals ⃝

get aggressive towards certain individuals ⃝

Urinate/ defecate inside ⃝

suffer from travel sickness ⃝

suffers from separation anxiety issues ⃝

displays abnormal behaviour ⃝

barks/ howls ⃝

is unsure about certain things ⃝

Health issues:

**If you pet is on any medication please specify bellow**

Allergies:

Eating schedule:

Husbandry schedule:

Commands the animal responds to:

Exercise schedule:

Season dates:

Any recent changes in husbandry/ routine/ character/ health:

I give permissions to the career as seen fit to:

* Remove my pet from their secure environment/ enclosure Yes ⃝ Restricted ⃝ No ⃝
* Handle/ restrain my pet Yes ⃝ Restricted ⃝ No ⃝
* Take out of the property of the job Yes ⃝ Restricted ⃝ No ⃝
* Let off the lead Yes ⃝ Restricted ⃝ No ⃝

**Please specify below**

**Vet**s:

Address:

Phone number:

Insurance provider name:

Insurance number:

I the owner understand to the best of my knowledge that the information stated is fully and truly correct, matches information if provided with a veterinaryreport(s) and understand if this information changes/ expires it is my responsibility to request updating this information, otherwise I will take full responsibility for my pet’s actions and condition as followed on the CONTRACT OF SERVICE, why my pet is in the service/ care of Fellow Fauna Care.

**Owner’s Signature:**

Print name HERE:

**Date:**