



Questionnaire & Authorization Form

Muttley Crew Pet Services, LLC
P.O. Box 462174 • Aurora, CO 80046
303-717-6467 • info@muttcrew.com

Let Us Throw Your Dog A Bone!

Date: _____

Your Name: _____ Pet(s) Name: _____

Please answer all questions so we can care for your pet in the best way possible. Thank you!

1. Does your pet(s) need medication? Yes _____ No _____
If yes, what type? _____ How often? _____

2. Does your pet have any allergies? (plants, food, etc.): Yes _____ No _____
Description: _____

3. Does your pet have any medical conditions? _____

4. Is your pet up to date on vaccines? Yes _____ No _____

5. Do you want your pet to get treats? Yes _____ No _____ Type? _____

6. What activities would you like your pet to have during the visit? Walk: _____ Fetch: _____
Where? _____ Other: _____

7. Is your pet afraid of: Males _____ Females _____ Children _____ Animals _____

8. Is your pet aggressive toward anyone or anything? _____

9. When is your pet likely to bite? (vet, at strangers, other animals, etc.) _____

10. Does your pet chew, tear things or get into trash when left alone? Yes _____ No _____
If yes, please explain: _____

11. Has your pet had any major emergencies in the past? Yes _____ No _____
If yes, please explain: _____

12. Additional comments that will help enhance our experience with your pet(s): _____

I authorize Muttley Crew employees to access (address) _____
to provide services to my animal(s). Special instructions for entering the premises stated above:

Signature: _____

Thank you for your business. Your pet(s) will be well taken care of by Muttley Crew!

