

HEATHER'S

PET CARE LLC

Name: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Emergency Contact (Relationship to you and Phone Number): _____

Current Availability: Morning 7-9a, Mid-Day 9-3p, Evening 4-8p

Monday: _____

Tuesday: _____

Wednesday: _____

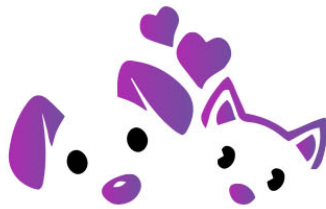
Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Overnight Availability? _____



HEATHER'S

PET CARE LLC

Do you have any regular commitments such as a part time job, school runs, caring for children, grandchildren or other relatives?

Yes No

Please tell me about your experience of dealing with different species of animals: dogs, cats, other. Please also include any experience of giving medication / injections / other treatments / caring for animals with special needs.

Have you ever lost a dog because it escaped or got out of your hands?

Yes No

Would you be willing to see clients over key holiday periods i.e. Easter, Thanksgiving, Christmas, New Year, which can often be our busiest times.

Yes No

If you currently have any pets of your own, tell me about them! (name, breed, age, how you got them, etc)



Please tell me about your experience of dealing with customers / members of the public and when you've been placed in a position of responsibility. We often have to reassure owners and ensure they know their pets are in good hands.

Please indicate how you would rate your health and fitness.

Are you registered disabled?

Yes No

Do you have any criminal convictions?

Yes No

Do you own a car and would you be happy to use it for work?

Yes No

What make and model of car do you own? _____

Do you have a clean driving license?

Yes No

Do you have a smart phone and are familiar with texting?

Yes No



References:

1. Name: _____

Phone Number: _____

Relationship to You: _____

2. Name: _____

Phone Number: _____

Relationship to You: _____

3. Name: _____

Phone Number: _____

Relationship to You: _____

***No Family Members**