



PET SITTER APPLICATION

Date _____

Interviewed by _____

Full Name _____

Home Address _____

Email Address _____

Home Ph # _____ Work Ph # _____ Cell Ph # _____

Are you 18 years of age or over? _____

Do you have a valid driver's license? _____

Do you have regular access to a computer, email, and smart phone (with internet, texting & photo/video capabilities)?

Do you have a job? _____ If so, where do you work and what days/hours do you work?

Do you have a criminal record? _____

Do you have any known allergies to animals? _____

Do you own a pet? _____

What experience do you have working with pets? _____

Have you ever been a pet sitter before? _____ If so, what do you like about being a pet sitter?

If not, why do you want to be a pet sitter? _____

Are you currently pet sitting for anyone? _____ For whom/ph # _____

Why would you be a good pet sitter to hire? _____

Are you able to administer medication to pets (oral and/or injections)? _____

Will you be the one caring for my pet? _____ If you have a personal emergency, who will fill in for you?

What would you do if my pet had an emergency? _____

Would you be able to recognize if my pet is sick? _____ What would you do? _____

How do you handle a misbehaving pet? _____

What type of activities will you participate in with my pets? _____

Would you allow a pet to sleep with you? _____

What days and hours are you available to work? _____

Are there any days or times you would NOT be able to work? _____

Are you willing to work weekends and holidays? _____

Are you willing to do overnight visits (pet/house sitting)? _____

What services do you provide and what is the cost? (Drop-in visits, full days, overnights, etc.)

What length of time is considered a drop-in visit? _____ What do you do with that time?

What type of communication would you provide with the owner? _____

How many times a day? _____

If pet/house sitting, do you bring your own bedding, food, etc.? _____

Do you do light house cleaning? _____ If so, what? _____

Would you bring the garbage and/or recycling to the curb? _____

Do you respect the privacy of other's? (No snooping, keep out of drawers/closets, etc.) _____

What would you do if there was a house issue? (Breaker blew, hot water tank broke, etc.)? _____

Do you intend to have friends over? _____

Where did you hear about this position? _____

What date would you be able to start? _____

When can you come for a training visit? _____

Please bring a blanket or personal article with your scent on it for the training visit.

Please provide 3 references we can call:

Name _____

Ph # _____

Relationship _____

Name _____

Ph # _____

Relationship _____

Name _____

Ph # _____

Relationship _____

Comments _____

Interviewer's Comments _____