

Pet Business & Service Evaluation Form - Pet Sitting

Business Name:	
Contact Name: (& Position in Company)	
Address:	Phone #:
Email Address: Website:	Social Media? __FB__ Tw__ Other:
Days / hours of operation: M_____ T_____ W_____ TH_____ F_____ Sa_____ Su_____	
Provide copies of business license, proof of insurance/bonding, training/certification or other authentic documentation pertaining to business or services, including letters of recommendation	
Is the pet sitter: _____ Friendly _____ Knowledgeable _____ Well-organized _____ Dependable _____ Dressed appropriately _____ Flexible (scheduling)	
Does the pet sitter have any other specialties? (ie: TTouch, Holistic Remedies, other training, etc)	

What training has the pet sitter completed?
Will the pet sitter record notes about your pet—such as his likes, dislikes, fears, habits, medical conditions, medications, and routines?
Is the pet sitter associated with a veterinarian who can provide emergency services?
What will happen if the pet sitter experiences car trouble or becomes ill? Is there a backup?
Will the pet sitter provide related services such as in-home grooming, dog walking, dog training and play time?
Will the pet sitter provide a written service contract spelling out services and fees? (provide copy)
If the pet sitter provides live-in services, are there specific times agreed upon to be with your pet? Is this detailed in the contract?
How does your pet sitter make sure that you have returned home?

_____ Evaluation completed by (print name)

_____ Title (job title pertaining to AACOC)

Overall Impression (1 being poor, 5 being excellent)

_____ 1 _____ 2 _____ 3 _____ 4 _____ 5