

► Forms for Confirming Details of Care / Form for Overnight Pet Sitting

If you have already made a reservation, please fill in the following form and send it to us by e-mail, fax or mail. We will contact you within two days after we received the form.

● About you

Name	
Address	
Home telephone number	
Mobile phone number	
E-mail address via mobile phone	
Are you going to stay in the place to which we can make a phone call?	Yes No

● Reservation Date and Time

Overnight Pet Sitting Service	From ___ day, ___ th of ___ (Night) To ___ day, ___ th of ___ (Morning) If you request to take the dog for a walk, when should we do? On ___ AM
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● Where are you going to stay? How long are you going to stay there?

From ___ day, ___ th of ___ To ___ day, ___ th
In Japan (Name of the place): _____ Overseas (Name of the country): _____
From ___ day, ___ th of ___ To ___ day, ___ th
In Japan (Name of the place): _____ Overseas (Name of the country): _____
From ___ day, ___ th of ___ To ___ day, ___ th
In Japan (Name of the place): _____ Overseas (Name of the country): _____
Address of the place you will stay (* If you will stay several places, please inform us of each address and duration): Phone and fax numbers of the place you will stay:
Flight No. (* Please fill in the departure place/date/time/flight No. and homecoming place/date/time/flight No.):

● Emergency contact number (* Please fill in the name of the person and relation with you):

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● The name of your pet (* Example: Cat/Ocicat/Brett/15 years old/female, Dog/Crossbreed/Mick/six years old/male):

cat	Ocicat	Brett	15	female

Notes

●Feeding

Place for feeding	
Place where food is stored	
Amount to be fed:	
Handling of remaining food	
Handling of empty can	
Cutlery, sponge, and towel for pet	
Medicine, sweets, and supplement	

●Excretion

Place	
Treatment	
Place where sands, sheets, or plastic bags are stored:	

●Walking with dogs

When should we go out for a walk, before or after the feeding?:	
Place where lead and bag for walking are stored:	
Duration of walking	
Walking course	
In case of rain	<input type="checkbox"/> Do not go out when it rains even lightly. <input type="checkbox"/> Go out when it rains lightly, for about ____ minutes. <input type="checkbox"/> Go out when it rains even heavily, for about ____ minutes.
Is there cloth to wipe your dog' s feet bottom? If so, where is it?:	

●Playing

Place where the toys are stored	
A favorite toy	

●Health condition: When your pet's animal hospital is closed, we will take your pet to a near animal hospital or an animal hospital that supports emergency case.

The present state	
Your pet's animal hospital	A hospital name [_____] Tel [_____]

●Use of air conditioner, etc.

It might be difficult for kittens, puppies or senior cats and dogs to maintain the temperature. Moreover, we might use air conditioner or floor heating when it is so cold or if we judge that your pet is in danger of Heat Disorder.

Can be used	Air conditioner Floor heating Fan heater Others [_____]
Setting of timer, etc.	

●Others

Do you request us to open/close curtains?:	<input type="checkbox"/> Yes. The curtain in the room of ____ should be closed/opened at night and closed/opened in the morning. <input type="checkbox"/> No
Do you request us to water plants?:	<input type="checkbox"/> Yes. Water ____ (name of plants). <input type="checkbox"/> No
Do you request us to take newspapers or mails into the house?:	<input type="checkbox"/> Yes. Take ____ into the house. (Unlocking number of your mailbox: _____) <input type="checkbox"/> No

●If you have any requests or notes, please write here

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