

PetPro Supplemental Questionnaire Pet Sitters and Walkers

PLEASE ANSWER ALL QUESTIONS

Risk Name: _____

Risk website address: _____

FEIN: _____

Date Business Started: _____

1. Number of Employees: _____ Are all sitters/walkers at least 18 years old? Yes No
2. Does this risk belong to any member organizations?: _____
3. Does this risk transport animals by car? Yes No If so, how are animals secured? _____
4. Does this risk require all pets to be current on vaccinations? Yes No
5. Is this risk aware of & compliant with all state regulations & protocols regarding rabies exposure? Yes No
6. Does risk obtain written care an emergency instructions for each assignment? Yes No
7. Does risk provide advanced medical treatment? Yes No Explain: _____
8. Does risk meet and temperament-test each pet before accepting an assignment? Yes No
9. Does this risk care for livestock or exotic animals? Yes No Describe: _____
10. Does this risk have policies in place to safeguard client's keys and secure the premises? Yes No
11. Does this risk have contingency plans in place to ensure pets are cared for in his/her unexpected absence or other emergency?
 Yes No Explain: _____
12. Has this risk had any claims made against them in this business? Yes No Explain: _____

13. If this is a new venture, please describe insured's experience and qualifications: _____

Producer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____