

CHECK LIST

Please complete as thoroughly as possible all applicable details and keep at your home for the Animal Aunt's arrival. If you have any queries please contact Animal Aunts on 01730 821529.



HOUSE / SECURITY

Burglar alarm (instructions / codes / contact tel) : _____

Tel: _____

Plants (indoor / greenhouse / patio) to be watered: _____

Who may come to the house and when? _____

Cleaner? (Yes / No / Who / When): _____ Tel: _____

Gardener? (Yes / No / Who / When): _____ Tel: _____

Contacts: (Family / Friend / Neighbour): _____ Tel: _____

_____ Tel: _____

Emergency contact: _____ Tel: _____

Holiday address: _____ Tel: _____

Local doctor / surgery: _____ Tel: _____

Plumber: _____ Electrician: _____

Stopcock: _____ Fusebox: _____

Milk: _____ Newspapers: _____ Other deliveries: _____

Rubbish / recycling instructions: _____

Other collection(s) (what / when / who): _____

N.B. If there is a safe we would respectfully ask clients to lock it and take the key with them

Is there any post that needs forwarding (Yes / No / which / to where): _____

Answerphone? (messages relayed to where?) _____

Please list all vehicles left on property: (type / registration / where): _____

Hot water / Central heating (instructions / where): _____

Washing machine (where / notes): _____

Freezer (where / what Aunt can use): _____

Spare key (where / with whom): _____

Storm equipment: (torches, candles, backup cooking equipment): _____

If you have a broadband connection may the Aunt use it? Yes / No. If yes please give access details: _____

If Aunt is using your vehicle please leave a copy of the insurance cover note: _____

Please note any other details about the house / security that may Assist the Aunt: _____

ANIMALS

DOGS:
Name _____ (M/F) Breed _____ Age _____ Food _____
Name _____ (M/F) Breed _____ Age _____ Food _____
Name _____ (M/F) Breed _____ Age _____ Food _____
Name _____ (M/F) Breed _____ Age _____ Food _____
Name _____ (M/F) Breed _____ Age _____ Food _____

NOTES: _____

CATS:
Name _____ (M/F) Breed _____ Age _____ Food _____
Name _____ (M/F) Breed _____ Age _____ Food _____
Name _____ (M/F) Breed _____ Age _____ Food _____
Name _____ (M/F) Breed _____ Age _____ Food _____
Name _____ (M/F) Breed _____ Age _____ Food _____

NOTES: _____

HORSES:
Name _____ (M/F) Colour _____ Age _____
Name _____ (M/F) Colour _____ Age _____
Name _____ (M/F) Colour _____ Age _____
Name _____ (M/F) Colour _____ Age _____

STABLE ROUTINE (feed & exercise):
am _____
am _____
am _____
am _____
pm _____
pm _____
pm _____
pm _____

NOTES: _____

OTHER ANIMALS: (name, type, instructions for care): _____

VETS:
Name: _____ Telephone: _____ For which animals _____
Name: _____ Telephone: _____ For which animals _____
Name: _____ Telephone: _____ For which animals _____
Name: _____ Telephone: _____ For which animals _____

PLEASE CHECK YOU HAVE GIVEN YOUR AUNT ALL THE NECESSARY INFORMATION

Dogs: Food? Feeding times? Exercise? Where? On or off lead? Obedient? Do they fight?
Do they chase cats or rabbits? Special care? Medication? Collars / leads? Tags
Cats: Food? Feeding times? Special care? Medication? Litter trays? Tags
Horses: Timetable of feeding, what, when, how much? Exercise routine? Tack? Grooming kit?
First-Aid kit? Water? Turning out? Mucking out? Blacksmith? Feed merchant?
Behaviour that could effect safety of Animal Aunt?
Other Animals: Food / feeding times? Bird cages?

Bridlepaths / Footpaths: It is helpful to provide Pathfinder maps for your Aunt. Please also indicate if there any local areas you do NOT want your animals taken to. _____

OTHER NOTES: _____

