

## Children's Social Services

## Pet Questionnaire

Paris I.D. Name	
Name	
Address	

Number and type of	
pet(s)	
Dog owners	Please complete Dog Ownership Questionnaire
Does your pet have	
access to surfaces used	
for the preparation of	
food?	
If yes, please give details	
of hygiene precautions	
used.	
Where does the pet(s)	
sleep?	
Where does the pet(s) go	
to the toilet?	
Where is the pet(s) fed?	
Any other information you	
consider relevant.	

Signed..... Date.....