Dog Information Form

Name: _____ _____

Sex: □ Female Spayed? □ No □Yes □ Male Neutered? □ No □Yes

Color: _____

Breed: _____ Pet's Age: _____

Rabies shot good through (date) _____

(please attach a copy of your certificate)

Feeding Instructions: Please list the normal time (I will try to stay as close as possible) and food.

_____A.M. _____

_____P.M. _____

Location of food _____

Medications: _____

Name of Medication When to Administer Medication Amount How to Administer

History of illness or any chronic conditions? _____ If yes, explain:

_____

_____

Collar color: _____ Is your dog micro chipped ? _____

Favorite toys and special treats: _____

May pet sitter give your pet treats?_____ Is your dog allowed on furniture? _____

Do you normally leash walk your dog? _____ How long is your normal walk? _____

Does your pet have a history of biting or fighting with other animals? □ Yes □ No

Are you aware of any problem dogs in your neighborhood to be avoided? _____

Describe any phobias or sensitive parts of your dog's body_____

Has your dog ever snapped at our bitten anyone? Does your dog like to be brushed? □ Yes □ No

Does your dog ride well in a car? □ Yes □ No

Are you aware of any reason we should approach your pet with caution? _____

Commands known for potty _____ drop what you have in mouth _____

Others: _____