



Dog information sheet

Pet parent name: _____

Dog's Name: _____

Age: _____ DOB _____

Breed: _____

☐ Male ☐ Female Neutered/Spayed _____

Microchip #: _____

Dog's Name: _____

Age: _____ DOB _____

Breed: _____

☐ Male ☐ Female Neutered/Spayed _____

Microchip # _____

A RABIES CERTIFICATE SHOWING VACCINATIONS ARE CURRENT IS REQUIRED FOR ALL DOGS.

Rabies tag #: _____

Date rabies shot expires: _____

Dog's Veterinarian: _____

Address & phone: _____

Feeding:

What type of food: _____

Usual times fed: _____

Place fed: _____

Special feeding instructions: _____

Treats? _____

Medication:

Is your dog on any medications that must be administered? _____

Name and dosage of the medication for each dog _____



Medication:

Medication procedures (*with food*) _____

Where is medication kept? _____

Going Potty

Walk _____ Let out _____

How often does your dog like to go out? _____

What is the longest period of time your dog is able or used to holding it? _____

Collar or harness? _____ Where are they and leash kept? _____

Will your dog go out in the rain? _____

Does your dog pull when walked? _____

Does your dog react to other Dogs? _____ People? _____ Wheels? _____ Animals? _____

Dogs will be dogs:

Does your dog have a favorite game? _____

Is your dog NOT allowed anywhere in the home? _____

Is your dog an escape artist? (runner, digger) _____

Does your dog have a favorite toy? _____

Where are some of its favorite hiding places? _____

Is there something that will bring it out of hiding? (*treats, sound*) _____

Does your dog use a kennel? _____

Where are cleaning products kept for accidents? _____

Likes to be petted? _____ favorite place? _____ Likes to be held? _____

Fearful of loud noises (*thunder*)? _____

Obeys basic commands? _____

Prone to chewing? _____

Has bitten other people? _____ if yes why? _____

Has bitten other animals? _____

Please indicate anything else about your dog's habits or behavior that would be useful to me in providing care: _____



Weather emergency:

Are you in an evacuation zone? _____

If so where would you like me to take your dog in the event of an emergency? _____

Where are carriers located? _____

If I was given an electrical way of entering the home is there a hidden key in case of power outage? _____

Pet sitting:

What are the days to put out the garbage? _____

Shall I bring in your mail? _____

Do you have plants you would like me to water? _____ How often? _____

Wifi: _____

Will anyone else be entering your home while I'm staying there (*cleaning crew*)? _____

Where would you like sheet and towel I used when I leave? _____

Where will your dog sleep? _____

Does your dog beg for people food? _____