



## Pet Sitting & Vacation Care

### Dog Information Sheet

Client's Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Number \_\_\_ Of \_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color / Markings: \_\_\_\_\_

Sex: M / F Spayed or Neutered: Y / N Micro Chipped: Y / N UTD Vaccinations Y / N

Known Health Concerns: \_\_\_\_\_

#### **Feeding**

Details regarding your dog's feeding routine, including type of food, location of food, amount of food, approximate feeding times, special instructions.

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#### **Medication** yes

If your dog is on any medication that must be administered, please use the back of this form to provide detailed instructions including medication name(s), location, dosage and frequency. **At this time we do not administer shots.**

#### **Fun Stuff**

Dog's favorite playtime activity or toy: \_\_\_\_\_

Location of Collar and leash (if needed): \_\_\_\_\_

Brush or Comb location: \_\_\_\_\_

Location of towels for drying dogs on rainy days: \_\_\_\_\_

#### **Traits**

Friendly with other dogs: Y / N

Allowed to have treats: Y / N

Likes Children: Y / N

Will not eat when stressed: Y / N

Allowed on Furniture: Y / N

Prone to Chewing: Y / N

Has bitten people or other dogs: Y / N

Has shown other aggression: Y / N

Please indicate any other useful information about your dog on the back of this form.  yes

### MEDICATIONS

Name	Dosage	How to Administer

Location of Medication: \_\_\_\_\_

### FEEDING SCHEDULE

AM: Name of Pet Food	Size of Portion
PM: Name of Pet Food	Size of Portion
Name of Treat Allowed	Frequency
Other	

### EXERCISE SCHEDULE

Activity	Frequency and Duration
Activity	Frequency and Duration
Preferred time for walks	<b>AM</b> <b>PM</b>

Location of suitable harnesses/collars for walks: \_\_\_\_\_