



Heather N. Brown, Owner
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General Information: Dogs

Your Name: _____
Address: _____
City: _____ State: _____ Zip: _____
First Contact Phone: _____
Second Contact Phone: _____
E-Mail Address: _____
How did you hear about us? _____

Dog #1 Name: _____
Age: _____ **Breed:** _____ **Sex:** Male / Female **Fixed?** Y/ N
Color: _____ **Weight:** _____ lbs.
Distinctive Markings:

Issues

Dog/Cat Aggressive:

Stranger Aggressive:

High Prey Drive:

High, Low, or Medium Energy Level:

Fears:

Likes:

Dislikes:

Any health concerns or food allergies that we should know about?

Medications:

Medication Administration Instructions:

Dog #2 Name: _____
Age: _____ **Breed:** _____ **Sex:** Male / Female **Fixed?** Y/ N
Color: _____ **Weight:** _____ lbs.
Distinctive Markings:

Issues

Dog/Cat Aggressive:

Stranger Aggressive:

High Prey Drive:

High, Low, or Medium Energy Level:

Fears:

Likes:

Dislikes:

Any health concerns or food allergies that we should know about?

Medications:

Medication Administration Instructions:

Are your animals current on their Rabies Shots? Yes / No

Are your animals current on other vaccinations, including bordatella? Yes / No

If not they will need to be before we can begin service. We come into contact with many animals and cannot risk the health of others. This is **VERY IMPORTANT** for you to do as an animal Owner. We also prefer that dogs be wearing their collars with the rabies tag attached to it for safety reasons.

_____ (Pet sitter's initials) Owner has provided proof of current vaccinations.

Does your dog/dogs wear different leashes for walks, such as a harness, gentle leader, choke chain or prong collar? If so list what they wear, when....

Does your dog/dogs do well on walks? YES NO, if no please explain _____

How does your dog/dogs do when coming into contact with other animals on a walk?

Does your dog/dogs have a favorite game, activity, tricks or words?

Favorite treats, where are they kept and how many/often do you give them?

Where is food kept? _____

Specific feeding instructions:

_____ in AM
_____ in PM

Favorite place to go potty outdoors? _____

Any contagious illness? Yes _____ No _____ If Yes, please explain _____

Cleaning method for any accidents & location of supplies:

Preferred Visit Time: _____

Date and estimated time of departure: _____

Date and estimated time of arrival home: _____

Miscellaneous Home Instructions:

Alarm System Instructions:

Lights:

Where are the leashes/leads:

Where are the toys:

Other information we need to know?:

Client/Pet Owner

Date