

Pigeon Forge Private Dog Sitting Pet Care Information

Owner Information

Owners First & last Name _____
Cell Phone Number _____
Secondary Phone Number _____
State _____ City _____ Zip Code _____
Address _____

Dog's Name _____
Breed _____
Age _____ Weight _____ lbs
Sex _____
Coat Color _____ Eye color _____
Allergies _____
Special markings/ Injuries _____

Medical Information

Veterinary Clinic Name _____
Veterinary Clinic Phone Number _____
Veterinary Address _____
Emergency Vet Phone Number _____
Emergency contact number _____
Does he/she have any medical conditions? Yes____ No____
If so, please describe

Medication #1 name _____
Topical / Oral / Anal / Subcutaneous
When are meds given: AM / Lunch / Dinner / As Needed
Quantity _____

Medication #2 name _____
Topical / Oral / Anal / Subcutaneous
When are meds given: AM / Lunch / Dinner / As Needed
Quantity _____

If they have a pill, is it OK to put it in their food Yes_____ No_____
If not, how should we administer it?

Regular Exercise Routine

Do we have permission to take the dogs on field trips in The Great Smoky Mountains? Yes_____No_____

Feeding

Did you bring in their own food? Yes_____ No_____

If no, we offer dry food/wet food/ treats

What type of food_____ How much per meal _____

How often do they eat AM / Lunch / PM

Circle any of these additions you would like us to try (at no additional charge) If your dog is not eating.

Chicken broth/ Beef Broth / Peanut Butter / Cheese / Shredded Chicken /
Pumpkin Puree / canned green beans / canned dog food / Water /
Nothing, DO NOT put anything In my dogs food

Likes _____

Dislikes_____

Is your dog food aggressive _____

Final Questions

Is your dog afraid of thunderstorms / Rain. Yes_____ No_____

If so, how should we help ease his/her anxiety _____

If there is anything more you would like us to know about your furry friend please let us know in the space below!

Owner's Signature

X_____