



Rene's Professional Pet Sitting, LLC

908-461-2734



reneruthpetsitting@gmail.com

Pet Information

Client Name: _____

Dog's Name: _____ Spayed/Neutered: Y/N

Breed: _____ Color: _____ Birthdate: _____

*****Proof of Rabies vaccine is required for your pets file*****

Rabies tag# _____

Date Rabies Vaccine expires: _____

Feeding:

What kind of food(s) does your dog eat?

When and how often does your dog eat?

Special feeding instructions:

Medication:

Is your dog on any medication that must be administered? If yes, please describe any medication procedures and the name and dosage of the medication as well as where it is kept.

Other:

Does your dog have a favorite game/toy?

Does your dog have favorite hiding places?

Where do you keep your collar and leash?

Does your dog need a special harness or choke collar for walks?

Traits:

Please answer the following brief questionnaire about your dog. It will help us to better care for him/her:

Is friendly with other dogs YES/NO

Is friendly with cats or other animals YES/ NO

Likes new adults YES/NO

Likes Men YES/NO

Likes Women YES/NO

Likes Children YES/NO

Is allowed to have treats YES/NO

Is prone to digging YES/NO

Is prone to chewing YES/NO

Is prone to accidents YES/NO

Is fearful of noises or other things YES/NO

Obeys basic commands YES/NO

Has a history of any bites (human or animal) YES/NO

Has shown any other aggressions YES/NO

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

*****Please complete an individual pet information form for each pet*****

