



YOUR DOG'S PROFILE

Parent's Name: _____ Dog's Name: _____ Sex: ☐ M ☐ F Age: _____

Color/Breed/Description: _____

Spayed or neutered ☐ Yes ☐ No

Have a current ID Tag _____ Microchipped _____ Digital ID tag _____ GPS tag _____

Dog's feeding schedule: ☐ Free Fed, ☐ A.M. & P.M., ☐ A.M. Only, ☐ P.M. Only,

Dog food location, amount & feeding instructions:

Treats? ☐ Yes ☐ No How Often _____

Any hiding places _____

Ever bitten anyone, animal or human? (This will not automatically disqualify your pet from services, we need the scenario to better understand) _____

Anything dog potentially dislikes/reacts to (e.g., thunderstorms, sensitive ears or feet, etc.) _____

How does dog react to other pets (e.g., any in-house grumbling or fighting) _____

Allowed free run of home's interior, or contained in a room or crate _____

Any rooms or furniture off limits _____

Medical/physical condition we need to be alert to _____

List any special attention these conditions may require _____

Any times we should approach your dog with caution (e.g., when sleeping) _____

Cleaning supplies, mop & bucket location in case of indoor accident _____

Indoor plant care instructions _____

Vacation Travel Info:

Date & time leaving house _____ Date & time returning to house _____

Preferred times for dog walks / visits:

Leash Walking Info:

Leash/Harness & waste bags location _____

How does your dog walk with a harness or leash, any pulling _____

How does your dog react toward:

Children and adult strangers _____

Other dogs _____

Cats, Squirrels, etc _____

Cars, traffic, golf carts _____

Know any commands such as: Leave it Sit Stay Down Recall if off leash

If you have multiple dogs, can they be walked together? ☐Yes ☐No

What is your preferred walking route for your dog, areas to avoid _____

Additional Notes: