

YOUR DOG'S PROFILE (Please complete this form for each dog in your household.)

Dog's Name: _____ Sex: M F Age/Birthday: _____ Color/Breed/Description: _____

What is your dog's feeding schedule? Free Fed A.M. Only P.M. Only A.M. and P.M. Fed Pet Food Brand: _____

Can your dog have treats? Yes No What kind? _____ How Often? _____

Is the dog microchipped? If so, list chip company, phone # and ID # _____

Is there a digital/scannable ID tag? If so, list company and website: _____

How long have you had this dog? _____

Behavior, Health and Preferences

Has your dog had obedience training? Yes No If yes, commands recognized: _____

Does your dog allow you to brush and groom it? Yes No Is your dog spayed or neutered? Yes No

How does dog react to your absence from home? _____

Describe your dog's potty training/habits (e.g., trained piddle pads, outside in backyard, etc.): _____

Does your dog have any hiding places? _____

Does your dog have a favorite toy(s) or favorite activities/games? _____

Does your dog walk with a harness or any special collar? Yes No If yes, please describe. _____

How does your dog react toward children and adult strangers? _____

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

Are you aware of any reason we should approach your dog with caution? _____

Does your dog have any contagious illness? _____

Does your dog have any physical conditions, allergies or problems I need to be alert to? _____

List any special attention these conditions or problems may require: _____

Is there anything your dog potentially dislikes/reacts to (e.g., males, long hair, thunderstorms, etc.)? _____

While walking on a leash, does your dog react to: Other Dogs Cats Squirrels Children Other _____

Has your dog ever bitten anyone, animal or human? _____

While walking your dog in your neighborhood, is there anything I should be aware of (e.g., unconfined dangerous dogs, neighborhood issues, etc.)? _____

Is your dog allowed free run of home's interior or contained in room or crate? _____

At what external temperature (low/high) should dog not be walked? _____

If multiple dogs, can dogs be walked together (with other dogs from same household)? Yes No

Can dog(s) be walked with other dogs (from different households)? Yes No

Veterinary and Emergency Information

Veterinarian Preference: _____ Phone: () _____

Is your veterinarian aware that you will be using our pet-sitting/dog-walking service? No, will notify Yes, have notified

If your vet is unavailable, may we use another vet or emergency vet clinic? _____

Is there any additional information about your dog you would like to share? _____

In the event of an emergency, if you cannot be reached, who should we contact? Please list a local emergency contact:

Name: _____ Phone: () _____ Relation to you: _____

In the unlikely event that we were to arrive to a visit and find your dog deceased and were unable to contact you for instructions, do you want us to take your dog to the veterinarian? Yes, take my dog to our preferred veterinarian's office. No, my dog should remain in my home until other arrangements are made per my instructions.

Is there any additional information about your dog you would like to share? _____