No Place Like Home Pet Sitting

Loving care. Trusted by you. Right at home.

Owner Contact: **Phone:**

Email Address: **Preferred Contact Method:**

Home & Access: **Address**
Key/lockbox Location **Alarm/Garage Code**

Emergency Contact: **Name** **Relationship**
Phone **Alternate phone**

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

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

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

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

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

Is the cat 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 cat? _____

Behavior, Health and Preferences

How many litter boxes are in your home and where are they located? _____

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

How does cat react to your absence from home? _____

Does your cat have any hiding places? _____

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

Does your cat like to walk outside on a harness? ☐Yes ☐No If yes, please describe? _____

How does your cat react toward strangers? _____

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

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

Does your cat have any contagious illness? _____

Does your cat 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 cat potentially dislikes/reacts to (e.g., males, long hair, thunderstorms, etc.)? _____

Has your cat ever bitten or scratched anyone, animal or human? _____

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

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? _____

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