

MEET AND GREET

NAME

DATE

Allergies

Medication

Behavior and Personality - Fears, Toys/Games, Risky Behavior

Aggressiveness (food, leash, pet, etc)

Bite History? Y / N

Feeding Routine

Bedtime Routine

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Walk/Outside Routines (walks per day), Potty Schedule/Alert

Training and Commands - Reinforcement

Treats -- What for and how often?

Afraid of storms?

Y / N

Left Alone Routine (crate, free roaming, kong?) How long?

Medical Issues

Up-to-Date on Vaccines? Y / N
Flea Treatment Y / N
Spayed/Neutered? Y / N

Escape Artist?

Microchipped? Y / N

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Should I sleep here? Where should I sleep? (if applicable)

Y / N

Allowed on Furniture?

Y / N

Wifi Info

House Info (Rules, Plant, Mail, Garbage, Etc)

Any other people present?

Locations

Leashes -
Toys -
Food -
Medication -

Litter Box(es) -
Cleaning Supplies -
Trash Bins -

Keys/Codes

Other People OK?

Y / N

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Emergency Contact

Vet

Photo schedule. can I share on social media?

Y / N

Anything Else?