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DOG INFORMATION SHEET

Dog's Name:

Age:

Breed:

Color / Markings:

Sex:  Neutered  Spayed

Microchip #:

Date Rabies shot expires:

Feeding:

What kind of foods does your dog eat?

When does your dog eat?

Special feeding instructions:

Medication(s):

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

Does your dog have a favourite game?

Does your dog have favourite 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, by circling, the following brief questionnaire about your dog. It will help me to better care for him/her:

Is friendly with other dogs : YES / NO

Likes new adults : YES / NO

Likes children : YES / NO

MUST stay on leash during walks : YES / NO

Is allowed to have treats : YES / NO

Is prone to digging : YES / NO

Is prone to chewing : YES / NO

Is fearful of noises or other things : YES / NO

Obeys basic commands : YES / NO

Has bitten people or other dogs : YES / NO

Has shown other aggression : YES / NO

Please indicate anything else about your dog's habits or behaviour that would be useful to me in providing care: