

Dog's Name:

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DOG INFORMATION

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:

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