



YOUR DOG'S PROFILE

Please complete this new client intake form for each dog in your household.
Please write N/A for any questions that are not applicable to you.

BASIC INFORMATION

Dog's name: _____ Sex: M ☐ F ☐ Age: _____ Birthday: _____ Spayed or Neutered? Y ☐ N ☐

Color & Breed: _____ Description of Dog: _____

VETERINARY & INSURANCE INFORMATION

Veterinary Preference: _____ Phone Number: _____

Is your veterinarian aware that you will be using our pet-sitting/dog-walking service? Y ☐ N ☐ Will Notify ☐

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

Does your pet have pet insurance? Y ☐ N ☐ If yes, please list insurance carrier _____

Is your dog microchipped? Y ☐ N. ☐ If yes, please list chip company, phone number, and ID Number _____

Is there a digital ID tag? Y ☐ N. ☐ If yes, please list company name and website: _____

BEHAVIORS & OTHER DETAILS

How does your dog react to your absence from home? _____

Does your dog have any special hiding places? _____

Does your dog walk with a harness or special collar? _____

How does your dog react towards strangers, children, etc? _____

How does your dog react to other pets? (i.e, 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 illnesses? _____

Does your dog have any physical conditions I need to be aware of? _____

Please list any special attention these conditions may require _____

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

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

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

Is your dog allowed to free roam of home's interior or are they contained in a special room or crate? _____

At what external temperature (High/Low) should your dog not be walked? _____

Does your dog have special commands they recognize? (i.e, sit, stay) _____

How Long have you had your dog(s)? _____

Will pet-care responsibility be shared with someone else? If yes, please give details. _____



CANINE CRITTER
SITTER

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Has your dog ever had obedience training?

Y ☐

N ☐

Does your dog allow you to brush and groom them?

Y ☐

N ☐

Does your dog walk with a harness or special collar?

Y ☐

N ☐

While walking, does your dog react to squirrels, cats,
children, etc?

Y ☐

N ☐

If multiple dogs, can dogs be walked together?
(From **same** household)

Y ☐

N ☐

Can dog(s) be walk with other dogs?
(From **different** households)

Y ☐

N ☐

FEEDING PREFERENCES

Can your dog have treats?

Y ☐

N ☐

If yes, what kind of treats?

Where are they located in your home?

What is your dog's feeding schedule?

FREE FEED ☐

AM ☐

PM ☐

AM & PM ☐

We appreciate you taking the time to fill this out! The safety, well-being, and
happiness of your animals is our main priority. 