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

Dog's Name: Sex: DM DF 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? 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
Veterinary and Emergency Information
Veterinarian Preference:
Is your veterinarian aware that you will be using our pet-sitting/dog-walking service?
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?