



Leash on Life Pet Services
Dog Walking / Pet Sitting

DOG INFORMATION SHEET

Client Name:

Dog's Name:

Date of Birth:

Breed:

Color/Markings:

Sex: M or F Neutered / Spayed

Rabies tag #:

Date rabies shot expires:

Feeding:

What kind of food/s does your dog eat?

When does your dog eat?

Special feeding instructions:

Medication:

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.

Other

Does your dog have a favorite game?

Does your dog have favorite hiding places?

Where do you keep your collar and leash?

Does your dog need a special harness or gentle leader for walks?

Does your dog know any cues that you would like us to use out on walks? Please describe.

Traits:

Please answer the following brief questionnaire about your dog. It will help us 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 in the house 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 behavior that would be useful to us in providing care:

General Instructions:

- 1) Best place to park? Are parking passes or permits needed?
- 2) Where should the walker/sitter leave your pet at end of visit?
- 3) Location of leashes, litter boxes, carriers, etc?
- 4) Location of food and treats?
- 5) Location of cleaning supplies?
- 6) Location of dog towels?
- 7) Location of trash for pet waste?
- 8) Do you have specific instructions for walking in extreme weather (heat, cold, rain, snow)? Please describe.

Please select a three hour time frame for desired walking time.

8-11 9-12 10-1 11-2 12-3 1-4 anytime between 9-4

Please circle the days of the week that you would like service.

Mon Tues Wed Thur Fri or occasional service (I will make a reservation by Sunday night of each week.)

I would like service to begin on (Date) _____

Please provide any additional instructions that you would like passed on to your dog walker.