



Dog Profile for Pet Sitters Home

Name of Client		Date
Address		
Phone Number		
Home:	Cell:	Other:
Email Address		
Name of Dog (please fill out one profile per dog)		
Male/Female:		
<input type="checkbox"/> Spayed Female <input type="checkbox"/> Un-spayed Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Un-neutered Male		
Breed/Markings		
DOB/Weight		
Dates Needed:		
Times you will be dropping off/picking up your dog? Drop off _____ Pick Up _____ A doggie taxi can be requested at an additional cost.		
Updated on Vaccines? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attaché a copy of updated vaccines.		
Does your dog have a Microchip? <input type="checkbox"/> No <input type="checkbox"/> Yes # _____		
Can I have other dogs at my home when your dog is here? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your dog get along with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please explain?		
Is your dog always on a leash? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your dog react to other animals or people when on a leash? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your dog use a harness? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please explain: Does your dog use a training collar or prong collar? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have fenced in yard can I let your dog off the leash during that time? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your dog try to run away? <input type="checkbox"/> Yes <input type="checkbox"/> No (All precautions are taken I just like to know)		

Is your dog potty trained? Yes No

Does he or she have accidents in the house? Yes No

Do they use wee-wee pads? Yes No

Please let me know your dogs feeding schedule:

Morning time: _____

Mid-day time: _____

Evening time: _____

Measurements of dog food:

Type of dog food:

Is your dog allowed treats? Yes No

Is your dog on a special diet? Yes No

Does your dog have allergies? Yes No

If answered yes to any of the about please explain

Any other special instructions I should know?

Drinking Water Bottled Filtered Faucet

Medical issues? Yes No

If answered "yes" to the above question please explain:

Medication/Supplement Instructions:

Is your dog crated? Yes No

If you answered yes please tell me when your dog is crated.

Examples:

When you leave house? Yes No

Bedtime? Yes No

Other: _____

Is the Dog allowed on the furniture?

Yes No

Is your dog allowed to sleep in the bed?

Yes No

Will you be bringing your dogs bed?

Yes No

Please describe any undesirable behaviors your dog displays in the home e.g. getting into trash, counter surfing, chewing on paper/furniture etc.

Does your dog have any sensitive areas that he/she does not like to be touched?

Is he/she aggressive? Or ever bitten? Yes No (describe circumstance of each incident)

Is there anything else you would like us to know about your fur baby?

Please let us know who referred you so we can thank them!