



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

Dog's Name: _____ Sex: M F Age/Birthday: _____ Color/Breed/Description: _____

Veterinarian Preference: _____ Phone: () _____

Is your veterinarian aware that you will be using our pet-sitting/dog-walking service? No, will notify Yes, have notified

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

How long have you had this dog? _____ Does your dog have pet insurance? Yes No If yes, list insurance carrier: _____

Does your dog allow you to brush and groom it? Yes No Is your dog spayed or neutered? Yes No

Has your dog had obedience training? Yes No If yes, commands recognized: _____

Is the dog microchipped? If so, list chip company, phone # and ID #: _____

How does dog react to your absence from home? _____

Does your dog have any hiding places? _____

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 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

Will pet-care responsibility be shared with anyone else? * Yes No

If yes, please give name, address, phone number of other person and details of job sharing arrangement.

*Please note our policies regarding shared pet-care visits in our company's service agreement.

What is your dog's feeding schedule? Free Free Fed A.M. Only P.M. Only A.M. and P.M. Lunchtime 3+ per day

Pet Food Brand: _____

Can your dog have treats? Yes No What kind? _____ How Often? _____

Is there any additional information about your dog you would like to share?