



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?

