



Client Profile for Pet Sitting

Owner Information

Owner(s) Name: _____

Owner(s) Telephone: _____ Cell Phone: _____

Email: _____

What is the best way to contact you? _____

Pet Information

1st Dog's Name: _____ **Age:** _____

Color: _____ **Breed:** _____ **Approx. Weight:** _____

Sex: _____ **Spayed/Neutered:** _____

2nd Dog's Name: _____ **Age:** _____

Color: _____ **Breed:** _____ **Approx. Weight:** _____

Sex: _____ **Spayed/Neutered:** _____

Veterinarian Information

Name: _____

Address: _____

Telephone Numbers: _____

Vaccination expirations: Rabies _____ **Bordetella** _____ **DHLPP** _____

Emergency Contact

Local Emergency Contact: _____ Phone: _____

Feeding

Times Per Day (circle one) Morning Afternoon Evening Amount per Feeding: _____

Brand of Food: _____ Can your dog have treats? _____

If your pet will not eat, it is ok to supplement their food with canned food, chicken broth or cheese? Yes or No

Special Feeding Preparations:

Medical

Does your dog take any medications? Yes or No

If yes, please list the medications or care requirements and possible side effects:

Does your dog have any chronic health issues?

Behavior

How would you describe your dog's activity level? Low Medium High

My dog is shy ___mellow ___playful ___excitable ___active ___a couch potato ___

My dog is easily scared by: _____

Where does your dog like to sleep at night? _____

Would it be ok to walk your dog? _____

List any other items that may make your dog's stay more comfortable.

Thank you!