



Lil' Chick Pet Sitters
DOG INFORMATION SHEET

Client Name: _____

Dog's Name: _____

Age: _____

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 choke collar for walks? _____

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:
