

Caring Paws Pet Sitting Services, LLC

Dog Information Form

Name: _____ Age: _____ Date of Birth: _____

Sex: Female Spayed? No Yes Male Neutered? No Yes

Color: _____ Breed: _____

Walk Dog: AM Mid-Day PM

Feeding Instructions:

AM _____

PM _____

Location of Food: _____

Medications: _____

Name

When to Administer Medication

Amount

How to Administer

History of Illness? No Yes If yes, please explain: _____

Date Rabies Vaccination Good Through: _____

Please attach copy of rabies certificate.

Collar Color: _____

Micro Chipped? No Yes

Personality (include phobias/fears): _____

Favorite sleeping/hiding places: _____

Favorite toys and special treats: _____

May I give your dog treats? No Yes Does your dog like to be brushed? No Yes

Do you leash walk your dog? No Yes Is your dog good with children? No Yes

Has your dog ever snapped at or bitten anyone? No Yes

Does your dog have a history of biting or fighting with other animals? No Yes

Are you aware of any reason we should approach your dog with caution? _____

Any problem areas in your neighborhood? _____