

Going to the Dogs

Pet Sitting for All Animals

Animal Information

Name	Species	Age	Breed	Sex	Weight	RX?

Please tell us anything about your pet(s) that may help us to understand and serve them better:

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Individual Care Notes

Pet's Name: _____

FEEDINGS

Name of Food(s): _____

Number of Feedings per Day: _____

Time of Feedings: _____

Special Dietary Instructions/Restrictions: _____

Other Important Information: _____

MEDICATIONS

Name of Prescription/Used For _____

Dosage/Frequency _____

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Other Interesting Facts About Your Pet

Does your pet have a favorite hiding place?

Is your pet friendly with other animals? Does your pet like new adults/children? Explain.

Does your pet obey basic commands?

Is your pet prone to chewing and/or digging?

Is your pet allowed outside/inside/on furniture?

Is your pet fearful of noises or other things?

Has your pet bitten/shown aggression towards people or other animals?

Location of collar & leash? Do they require special harness / collar for walks?