

**WAG A TAIL PAWSITTING**

**DOG INFORMATION SHEET**

Client Name:

Dog's Name:

Date of Birth:

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 gentle leader for walks?

Does your dog know any cues that you would like us to use out on walks? Please describe.

**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:

General Instructions:

1) Best place to park? Are parking passes or permits needed?

2) Where should the walker/sitter leave your pet at end of visit?

3) Location of leashes, litter boxes, carriers, etc?

4) Location of food and treats?

5) Location of cleaning supplies?

6) Location of dog towels?

7) Location of trash for pet waste?

8) Do you have specific instructions for walking in extreme weather (heat, cold, rain, snow)? Please describe.

Please select a two hour time frame for desired walking time.

10-12 11-1 12-2 1-3 2-4 anytime between 10-4

Please circle the days of the week that you would like service.

Mon Tues Wed Thur Fri or occasional service (I will make a reservation by Sunday night of each week.)

I would like service to begin on (Date) \_\_\_\_\_\_\_\_\_\_\_

Please provide any additional instructions that you would like passed on to your dog walker.