

SITTING OR BOARDING PET PROFILE

Client and Pet Information Sheet

Owners Full Name:				
Address:				
City:	ZIP:	Emai	il:	
Home Phone:	Work Pho	ne:	Mobile:	
Secondary Emergency Contact: _		_ Mobile Phone:	Email:	
House Info Alarm code if applicable:				
Dog's Name:		Breed:	Sex:	
Date of Birth:	Weight: _		How long have you had your dog?	
Is your dog? Spayed Neutered Still Intact				
Location of water for refill:				
Feed quantity and times:				
MEDICATION				
Pet: In	structions:			_
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Vaccine expiration date: Rab	oies:	DHLP:	Bordetella:	
Please provide a copy of all vacc	inations.			
Please check boxes on any training Sit Stay Wait Off Down Heel Come Leave it Crate Up or Load Up	ng your dog knows and ra	ate reliability 1-10		
Please check any that apply regar	rding car rides for your d	og		
Dog gets carsick				
Dog whines or jumps in				
Dog rides well, sleeps in	n car			

Please ch	neck training or behavior issues that apply.
	Runs off on trail
	Will not come when called
	Pulls while on leash
	Mounts other dogs
	Flops in puddles or mud
	Jumps on people
	Anxious or sick in cars
	Herding or play nipping dogs or people
	Fear reactive or aggressive towards people: dogs:
Comple	ete for boarding dogs only
Where do	oes your dog sleep
	In crate
	On dog bed
	On couch
	On owner's bed
Does you	ur dog have any unusual potty habits?
	Only has one bowel movement daily
	Will only go off leash
	Will potty immediately after meal
	Other:
House he	ehavior – Does your dog do any of the following?
	Barks when left alone
	Have accidents if left more than one-two hours
	Chews or destructive
	Crated while left alone

Additional Comments