

# LazyDog Pet Sitters

Serving Loves Park to Beloit

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ZZZZZ



## DOG INFORMATION SHEET

Client Name : \_\_\_\_\_

Dog's Name : \_\_\_\_\_

Age : \_\_\_\_\_ Birthday: \_\_\_\_\_

Breed : \_\_\_\_\_

Color/ Markings : \_\_\_\_\_

Male or Female : \_\_\_\_\_

Neutered / Spayed : \_\_\_\_\_

Rabies Tag Number : \_\_\_\_\_

Rabies Tag expires on : \_\_\_\_\_

### Feeding

What does your dog eat?

When does your dog eat ?

Special feeding instructions :

### Medications

Is your dog on any medications that must be administered? If Yes, please describe the medication procedures including name, dosage, and where its kept.

### Other Needs

Does your dog have a favorite game?

Does your dog have a favorite hiding place?

Where is the leash and collar located?

Has your dog broken loose of its leash or gotten out of the yard?

Does your dog need a special harness or choke collar for walks?

Is your dog friendly to other dogs?

Does your dog like adults?

Does your dog like kids?

Is your dog allowed on the furniture ?

Do you allow treats?

Does your dog chew?

Is your dog fearful of noises?

Does your dog obey basic commands?

Has your dog bitten people or other dogs?

Please indicate any other dog habits that would be useful in us providing care: