



Athens Pet Sitter

Dog Information

Pet Owners Name:				Pet Name:			
Age of Pet:		<input type="checkbox"/> M	<input type="checkbox"/> Neutered	Breed:			
		<input type="checkbox"/> F	<input type="checkbox"/> Spayed				
Color or Markings:				Rabies Tag #:			<input type="checkbox"/> ID Tags
							<input type="checkbox"/> Microchip
What brand of food does your dog eat?				# of times per day your dog eats:			
Special feeding instructions:				Approx. what time does your dog eat?			
Where does your dog prefer to poop?				How often does your dog poop?			
What words do you use to encourage your dog to potty?				What basic commands will your dog follow?			
Does your dog have any past or present medical conditions?		<input type="checkbox"/> Yes	Describe them with care needed:				
		<input type="checkbox"/> No					
Is your dog on any medication that must be administered?		<input type="checkbox"/> Yes	Describe them and their special procedures:				
		<input type="checkbox"/> No					
Does your dog have any allergies?		<input type="checkbox"/> Yes	Describe them with care needed:		Can the dog take Benadryl? <input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> No					
Does your dog favor one side/log or limp?		<input type="checkbox"/> Yes	Describe and list any special care needed:				
		<input type="checkbox"/> No					
Do you have a different potty routine if it rains?		<input type="checkbox"/> Yes	Describe it for us to follow:				
		<input type="checkbox"/> No					
Does your dog have any bad habits we need to watch for?		<input type="checkbox"/> Yes	Describe those bad habits:				
		<input type="checkbox"/> No					
Does your dog have any favorite toys		<input type="checkbox"/> Yes	Describe them and their location:				
		<input type="checkbox"/> No					
Does your dog have any favorite hiding places?		<input type="checkbox"/> Yes	Describe them and their location:				
		<input type="checkbox"/> No					
Is your dog allowed outside?	<input type="checkbox"/> Yes	Has the dog bitten people or other animals?	<input type="checkbox"/> Yes	Fearful of loud noises?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		
To be outside, does your dog need a leash?	<input type="checkbox"/> Yes	Other signs of aggression?	<input type="checkbox"/> Yes	Prone to digging or chewing?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		
Does your dog try to escape?	<input type="checkbox"/> Yes	Will not eat when stressed?	<input type="checkbox"/> Yes	Allowed to have treats?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		
Is your dog friendly with strangers?	<input type="checkbox"/> Yes	Allowed in the house?	<input type="checkbox"/> Yes	Allowed on the couch or bed?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		
Is your dog friendly	<input type="checkbox"/> Yes	Allowed to have people	<input type="checkbox"/> Yes	Does your dog like to ride	<input type="checkbox"/> Yes		