



Client ID #: _____

Dog Information Sheet

Pawsitively Purrfect Pet Sitting

Dog Name: _____ M / F Spayed / Neutered Birthday: _____

Microchipped: Yes No Chip Number: _____ Breed: _____

Colors/Markings: _____ Leash/Collar Description: _____

Feeding Time(s): _____ How Much: _____ Other: _____

Feeding Instructions: _____

Water: _____ Treats: _____ Allergies: _____

Crated / Run of house / Outdoors / Limited to: _____

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Feeding Time(s): _____ How Much: _____ Other: _____

Feeding Instructions: _____

Water: _____ Treats: _____ Allergies: _____

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What commands does your dog(s) know:

Sit Give Paw Other: _____

Stay Play Dead Other: _____

Beg Roll Over Other: _____

Length of Walk: _____ Walk Route: _____

Location of leash/walk pointers: _____

Favorite Toys/Games: _____

Precautions (other dogs, people, scared of): _____

Other Notes: _____