



Pet Sitting & Dog Walking, LLC

Pet Profile

Client's Name: _____ Pet's Name: _____

Nickname(s): _____ Male ___ Female ___ Spayed / Neutered: Y / N

Dog ___ Cat ___ Other _____ Pet's Age: _____ Pet's Birthday: Month ___ Day ___

Breed: _____ Color / Markings _____ Microchipped: Y / N

Medical issues: _____

Medications: _____ Difficulty Administering Medications: Y / N

Tips / Tricks Administering Medications: _____

Vet Name: _____ Vet Phone: _____

Vet Address: _____

Feeding & Supplies

Kibble: ___ Quantity: ___ Soak Kibble: Y / N Canned: ___ Quantity: ___ Limit Water Intake Post Feeding: Y / N

Other: _____

Supplements: Y / N If yes please detail: _____

Where Does Your Pet Eat: _____ Can Your Pet Eat With Other Pets: Y / N Food Aggression Y / N

Do You Use A Special Word To Tell Your Pet It Is Time To Eat: _____

Special Feeding Instructions: _____

Location Of Food & Treats: _____

Frequency & Quantity Of Treats Permitted: _____

Location Of Cleaning Supplies: _____

Location Of Extra Pet Towels: _____

Location of Litter & Litter Box: _____

Location of Bedding (Guinea Pigs / Hamsters etc): _____

Behaviors & Habits

Do You Crate Your Pet: Y / N If YES, at what times: _____

Restricted Areas: _____

Does Your Pet Have Anxiety / Fears: _____

What Calms Your Pets: _____

Attitude Toward Strangers: _____ Has Your Pet Ever Bitten Anyone: Y / N Acted Aggressively: Y / N

If Yes, Please Explain: _____

Routines I Should Know About: _____

Do You Want Me To Walk Your Dog: Y / N Walks Well On Leash: Y / N Issues With Other Dogs: Y / N

Any Aggressive Neighborhood Dogs I Should Know About: _____

Favorite Toys / Games: _____

This Pet LOVES: _____

This Pet HATES: _____