



## Dog Sitting Information Sheet

714-898-5800

*\*Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Name: \_\_\_\_\_ Male / Female Spayed / Neutered Microchipped: Yes  No

Breed: \_\_\_\_\_ Colors/Markings: \_\_\_\_\_ Collar: \_\_\_\_\_

Caged / Run of house / Outdoors / Limited to: \_\_\_\_\_

Feeding Time: \_\_\_\_\_ Treats: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

\_\_\_\_\_

What commands does your dog know:

Sit  Give Paw  Other: \_\_\_\_\_

Stay  Play Dead  Other: \_\_\_\_\_

Beg  Roll Over  Other: \_\_\_\_\_

Walk Route: \_\_\_\_\_

Location of leash/walk pointers: \_\_\_\_\_

Favorite Toys/Games: \_\_\_\_\_

Precautions (other dogs, people, scared of): \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

*\*This form will be kept on file for all future visits. If anything changes, you will remark so on the vacation/trip log at each visit booking.*

I, \_\_\_\_\_, have entered the above information as truthfully and accurately as possible.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date