



Out of the Doghouse

Professional Pet Sitting and Dog Walking

Email: vicki@outofthedoghousect.com Website: www.outofthedoghousect.com 860-838-4269 or 413-358-3233 (Cell)

Today's date: _____

Pet's name: _____ Sex Male Female

Age/birthday: _____ How long have you had your pet? _____

Spayed Neutered Is your pet micro chipped? Yes No Not sure

Veterinarian name: _____ Tel: _____

Is your pet current on immunizations? _____

Breed: _____ Color(s): _____

If your pet looks similar to another how do you tell them apart? _____

Feeding instructions:

Feed apart from other pets Dispose of uneaten food Remove food after _____ min.

<input type="checkbox"/> Dry	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Wet	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:

Does your pet have a particular dish or bowl? If so, please describe _____

Food allergies? Yes No

If yes, please specify _____

Favorite toy, games and activities: _____

Major or minor health problems now or in the past: _____

Commands the dog knows: _____

<input type="checkbox"/> Medication(s) Dosage: Location: Hide in treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s) Dosage: Location: Hide in treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:

Pets living area:

<input type="checkbox"/> Only allowed outdoors on a leash <input type="checkbox"/> Invisible fence, let out with collar <input type="checkbox"/> Let out, secure fence <input type="checkbox"/> Let out, no fence but won't leave yard <input type="checkbox"/> Not allowed indoors	<input type="checkbox"/> Allowed on furniture, beds <input type="checkbox"/> Restrict pet area, crate when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times <input type="checkbox"/> Garbage can/litter boxes a problem Restricted area/crate location: Other off limit areas:
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My pet doesn't like:

<input type="checkbox"/> Touch feet	<input type="checkbox"/> Touch ears	<input type="checkbox"/> New animals	<input type="checkbox"/> Other family pets
<input type="checkbox"/> Sharing food dish	<input type="checkbox"/> Loud noises	<input type="checkbox"/> Thunder	<input type="checkbox"/> People near food dish
<input type="checkbox"/> Strangers	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other _____	

Has your pet ever:

<input type="checkbox"/> Attacked someone/bit someone	<input type="checkbox"/> Attacked another animal
<input type="checkbox"/> Injured self/escaped out of fear	<input type="checkbox"/> Injured self out of boredom
<input type="checkbox"/> Escaped from home If so, how can your pet be retrieved? _____	

Describe, even if mild or under extreme or unusual situations

Do your dog/dogs wear different collars for walks, such as a harness, gentle leader, choke chain or prong collar? If so list what they wear _____