

Age: _____ Spayed or neutered: **Y/N?**

Food

Please give instructions on when to feed your dog and how much: *(We ask you also put a label onto the container when it is brought over with your dogs name and feeding instructions. Please make containers only as big as they need to be.)*

Is your dog resistant to eating while away from home? **Y/N**

If yes, Do you have any suggestions? _____

Accidents:

Does or has your dog had accidents in homes before? **Y/N?** Is it an issue when you are away? **Y/N?**

Does your dog know how to use a dog door? **Y/N?**

How much during the day/night does your dog need to be taken out?

Please explain: _____

Medication

Please List medicine and give instructions if need be:

Is your dog resistant to taking medicine? **Y/N**

If yes, Do you have any suggestions? _____

Marking (Male Dogs)

Does or has your dog marked in homes before? **Y/N?** Is it a habit? **Y/N?**

Is your dog a mounter? **Y/N?**

Barking & Seperation Anxiety:

Does your dog bark more than usual when left in a pet sitting enviroment? **Y/N?**

Has your pet had seperation anxiety before that was severe? **Y/N?**

If so, was medication given? **Y/N?**

(If there is a severe seperation anxiety issue we will need you to get a few seditives for your dog from your veteranrian. This is very important as while you are away there canbe serious suffering on your dogs part without it.)

Nicknames:

Does your dog go by other names that we may call him or her to make your pet feel more at home?

Toys & Treats:

Please tell us if your dog can have treats? **Y/N?**

What toys (if any) does your dog enjoy playing with? _____

Behavior In General:

Is your dog prone to chewing? **_Y/N?**

Has your dog shown aggression towards other dogs? **_Y/N?**

If your dog a digger? **Y/N?**

Is he/she an “escape artist” when it comes to fences etc...? **Y/N?**

What basic commands does your pet understand? _____