

Client's Name: _____

Text: (310) 463-2627 (In Case of an Emergency Please Call)

Email: woofpurrla@gmail.com • Website: www.woofpurr.LA

DOG SITTING INFORMATION SHEET

- Highly recommend a harness or Martingale Collar for safety •

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

Name of Pet: _____ Breed: _____ Color: _____

Markings: _____ D.O.B. : ____/____/____ Gender: M / F

Microchipped: Yes / No Microchip number: _____ Spayed/Neutered: YES / NO

Microchip company: _____ Company Phone #: _____

Dog Tags are required to be on collar. Are there dog tags on your pet's collar?: YES / NO

Aggressive: YES / NO If yes, please explain: _____

Precautions (i.e. afraid of...): _____

Is your dog allergic to bee stings? YES / NO / Don't Know • If yes, what steps would you like Woof-Purr LLC to take if your dog is stung by a bee? _____

Medications: YES* / NO Vaccinations Current: YES / NO

*If yes, please fill out Medication Waiver Form Vet has current CC on file: YES / NO

Feeding Time(s): _____ Food Location : _____

Instructions for food/treats: _____

Caged / Run of the House / Outdoors / Limited to: _____

Leash/collar description: _____ Leash, collar, etc. location: _____

Walk Route: _____

What commands does your dog know? _____

Favorite toys/games: _____

Anything else we should know: _____

By signing below the Client has entered the above information as completely and accurately as possible.



Client's Signature

_____/_____/20_____
Date

*If anything changes, please notify us immediately by email along with a note left in an agreed area in your home.
This form will be kept on file for all future visits.*