

I Stay U Go

Pet Care Services LLC

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Dog Information Sheet

Client's Name: _____ Date: _____

Dog's Name: _____ Age: _____ Breed: _____

Color/Markings: _____ (We will take a photograph of your dog to keep on file.)

Sex: M _____ F _____ Spayed/Neutered: Yes _____ No _____

Rabies Tag Number: _____ Date Rabies Shot Expires: _____

Proof of Current Vaccinations: (Please provide copy for our files.)

Tattoo: Yes _____ No _____ Microchip: Yes _____ No _____ Chip No.: _____

Feeding:

How much does your dog eat? _____ Dry _____ Canned _____ Both _____

How often does your dog have water? Available All Day _____ OR Only at Feeding Times _____

How often does your dog eat each day? Once _____ Twice _____ Other _____

Where is the food located? _____

Any Special Feeding Instructions: _____

Medications:

We are happy to administer medication free of charge. Please explain any medication protocol that your pet is following, including name, dosage and where it is kept.

Does your pet have any allergies to food, treats, other? Yes _____ No _____

If yes, please explain: _____

Other Important Info:

Does your dog have a favorite toy or blanket that they must sleep with? Yes _____ No _____

If yes, what is the item? _____

Does your dog have a favorite game or past time? _____

Does your dog have a favorite hiding place? _____

Where do you keep your collar and leash? _____

Does your dog need a special harness or choke collar for walks? _____

Any special instructions for walking (i.e. neighborhood dogs or kids to watch out for, etc.)

Traits:

Please answer the following brief questionnaire about your dog. It will help us to better care for him/her.

Is your dog friendly with other dogs? Yes _____ No _____

Does your dog like other adults? Yes _____ No _____

Does your dog like children? Yes _____ No _____

Is your dog allowed on the furniture? Yes _____ No _____

Is your dog allowed to have treats? Yes _____ No _____ (Please advise how often) _____

Is your dog prone to digging? Yes _____ No _____

Is your dog prone to chewing? Yes _____ No _____

Is your dog fearful of loud noises, thunder storms or anything else we should know about?

Yes _____ No _____ If yes, please explain in detail and what you do to comfort him/her.

Does your dog obey basic commands (i.e. sit, stay, come, down, etc.) Yes _____ No _____

Has your dog ever bitten a person or other dog? Yes _____ No _____ If yes, please explain:

Has your dog ever shown aggression to a person or other dog? Yes _____ No _____

If yes, please explain: _____

Please include below any other information about your dog's habits or behavior that would be useful to us in providing quality care during your absence.