

## **Dog Information Sheet**

Owner/Dog Name:		Male / Female	Spayed / Neutered
Microchipped: ☐ Yes ☐ No Chip Number:			
Colors/Markings:			
Caged / Run of house / Outdoors / Limited to:	•		
Feeding Time:			
Feeding Instructions:			
What commands does your dog know:			
Walk Route:			
Location of leash:			
Favorite Toys/Games:			
Precautions (other dogs, people, scared of):			
Anything else I should know:			
*This form will be kept on file for all future visits. If an	nything changes, you will remark s	so on the vacation/trip le	og at each visit booking.
I,, have ente	red the above information	as truthfully and a	accurately as possible.
	Client Signature		Date