

Sandy Paws Dog Sitting, LLC

11 E. 34 Street, Brant Beach, NJ 08008-4106

PET'S INFORMATION

Name _____ Breed _____ Color _____

Sex : M / F Age _____ Birthday _____ Spayed / Neutered : Yes / No Micro-Chipped? No / Yes ID # _____

Emergency Contact (Name, Phone) _____

Personality Traits / Quirks

As in chewer, barker, shy, fearful of strangers, digger, jumper, marker/soiler, finicky eater, escape artist, etc. (list anything I need to be aware of)

Has your dog bitten anyone or another dog? _____ Reason? _____

Does your dog get along with the opposite sex? _____

What's your dog's reaction to other dogs in close surroundings? _____

How is he/she when left home? _____

What's the longest your dog can be left without you in the house? _____

Do you crate when you leave the house? _____

Does he/she give a signal to be let out? _____

How often do you walk your dog? _____ # bowel movements daily _____

How does he/she react to other dogs when walking? _____

Do you use a harness or just a collar for walking? _____

Does he/she like to chase squirrels, cats, dogs, people, cars, etc? _____

What are his/her dislikes? _____

How does he/she react to rain &/or thunder? _____

Does he/she like to go in the car? _____

Does he/she like the beach? Y / N / Don't know (beach access is allowed in the off-season winter months, Oct-April)

Where does he/she sleep? Crate ___ Own bed ___ Your bed ___ Couch ___ Floor ___ Other _____

Is your dog an early riser/time? _____ Bed Potato? _____ Late Nighter? _____ Early to Bed? _____

Is he/she possessive of their toys, food, bones, bed? _____

How does he/she react if something (food, toys, bones) is taken away from? Do they show teeth, snap, growl, bite? _____

Does he/she hide under a bed or furniture? Y / N How does he/she react when tried to be retrieved? _____

Feeding

How often does he/she eat? Once / Twice Daily _____ AM _____ PM _____ Dry _____ Wet _____ Both

Special Instructions _____

Do you pick up food dishes after eating? Y / N If food dish is left out, how long is it left out for? _____

Can he/she be approached while eating? _____ Do you give leftovers? _____ (either people or their's) Meat? Pasta?

Any allergies to particular foods? Y / N If yes, what? _____