

## Pet Information - Dog

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Stella's Sitting Service (360) 510-8032, stella.sittingservice@gmail.com

Pet Name \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_

Spayed/Neutered? Y / N      Gender \_\_\_\_\_      Microchip # \_\_\_\_\_

Color/Markings \_\_\_\_\_

Please describe your dog's feeding routine and portions:

\_\_\_\_\_

Is the dog currently vaccinated as required by law? Yes \_\_\_\_\_ No \_\_\_\_\_

Where would you like your dog to be kept while alone at home?

\_\_\_\_\_

Is your dog allowed on the furniture? \_\_\_\_\_

Does your dog have access to a pet door or potty area while alone at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your dog stressed by: Thunder \_\_\_ Firecrackers \_\_\_ Men \_\_\_ Other \_\_\_\_\_

Please describe your dog's disposition \_\_\_\_\_

Does your dog have any sensitive areas that he/she does not like to be touched? Please describe:

\_\_\_\_\_

Has your dog ever bitten? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please describe circumstances of each incident)

\_\_\_\_\_

Please list any "pet names" or special words you use with your dog \_\_\_\_\_

Favorite games or toys \_\_\_\_\_

Please describe any undesirable behaviors your dog displays on walks (ie: pulling, lunging, etc)

\_\_\_\_\_

Additional information we should know \_\_\_\_\_

\_\_\_\_\_