

Dog Profile

Client Name: _____

Dogs' name: _____

Description: _____

Male Female _____ Neutered? Yes No _____

Age: _____

Weight: _____

Microchip #: _____

Rabies Expiration Date: _____

Temperament w/ strangers: Friendly Aloof Shy Aggressive _____

Temperament w/ other dogs: Friendly Aloof Shy Aggressive _____

Favorite Hiding Place(s) _____

Favorite Toys & Activities _____

Any other Problems: _____

Feeding Instructions

Type & Brand of food	Amount	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

Medications

Medication	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

If you don't return who will care/take or pet: _____

If your Pet dies what would you like me to do: _____

All of the above is correct and that I will notify JPetSits of any changes prior to Service Period.

Client Signature

Date
