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DATE: \_\_\_\_\_

CUSTOMER CODE: \_\_\_\_\_

## DOG INFORMATION

Dog's Name \_\_\_\_\_ Rabies tag # \_\_\_\_\_ Microchip #/Registry \_\_\_\_\_

Age \_\_\_\_\_ Breed \_\_\_\_\_ Gender M F Spayed Neutered Color/Markings \_\_\_\_\_

**FEEDING:** Type/s of food \_\_\_\_\_ When does your dog eat? \_\_\_\_\_

Where does your dog eat? \_\_\_\_\_ Where is food stored? \_\_\_\_\_

Water Tap Filtered Bottled Mealtime Instructions \_\_\_\_\_

**WALKING:** When \_\_\_\_\_ Where \_\_\_\_\_

Where is collar & leash kept? \_\_\_\_\_ Needed for walks:  Harness  Training collar

Pace:  slow  moderate  jog Walk Instructions \_\_\_\_\_

**CLEAN-UP INSTRUCTIONS** \_\_\_\_\_

Location of broom/vacuum \_\_\_\_\_ Cleaning supplies \_\_\_\_\_

**ROUTINE:** Favorite Games/Activities \_\_\_\_\_

Full house & yard access? Y N Any off-limits areas? \_\_\_\_\_

Rest areas \_\_\_\_\_ Play areas \_\_\_\_\_

Transportation Instructions: carrier car gate other \_\_\_\_\_ Where is it kept? \_\_\_\_\_

Location of Toys \_\_\_\_\_ Treats \_\_\_\_\_ Combs \_\_\_\_\_

**TRAITS:** Likes children? Y N Likes new adults? Y N Prone to digging? Y N Prone to chewing? Y N

Prone to eating things off ground? Y N Upset by loud noises, etc.? Y N Friendly with other dogs? Y N

Shy? Y N Allowed treats? Y N, how often? \_\_\_\_\_ how many? \_\_\_\_\_ Obeys basic commands? Y N

Territorial? Y N Has bitten people? Y N Has bitten other dogs? Y N Shown other aggression? Y N

Dislikes \_\_\_\_\_ Additional Info \_\_\_\_\_

**RULES/RESTRICTIONS** \_\_\_\_\_

## MEDICATION

**Medication or supplements added to food/water**

1. \_\_\_\_\_ Dosage: \_\_\_\_\_ How often? \_\_\_\_\_  
medication/supplement name

Instructions \_\_\_\_\_

2. \_\_\_\_\_ Dosage: \_\_\_\_\_ How often? \_\_\_\_\_  
medication/supplement name

Instructions \_\_\_\_\_

3. \_\_\_\_\_ Dosage: \_\_\_\_\_ How often? \_\_\_\_\_  
medication/supplement name

Instructions \_\_\_\_\_

**Medication or supplements directly administered**

1. \_\_\_\_\_ Dosage: \_\_\_\_\_ How often? \_\_\_\_\_  
medication/supplement name

Instructions \_\_\_\_\_

2. \_\_\_\_\_ Dosage: \_\_\_\_\_ How often? \_\_\_\_\_  
medication/supplement name

Instructions \_\_\_\_\_

3. \_\_\_\_\_ Dosage: \_\_\_\_\_ How often? \_\_\_\_\_  
medication/supplement name

Instructions \_\_\_\_\_