



We Sit Your Pet
(770) 967-0753

www.wesityourpet.com

Pet Sitting Service

Mary & Chuck Thompson
Owners/Pet Sitters

Coverage Areas:
Flowery Branch, Buford
Oakwood & Gainesville
(South of Browns Bridge)

DOG INFORMATION SHEET

Your Name: _____ Your Dog's Name: _____

Dogs Age: _____ Breed: _____

Color/Markings: _____ Sex: M ___ or F _____

Date rabies shot expires: _____ Location of Rabies Tag: _____

Feeding Habits

What kind of food does your dog eat?

When does your dog eat?

Where will the dog food be kept?

Any Special feeding instructions:

Medication:

Is your dog on any medications that must be administered? If yes, please describe the medication procedures

Including name, dosage and where it is kept.

Other

Where will you keep the leash, if needed for your pet?

Traits:

Is friendly with other dogs YES / NO

Likes new adults YES / NO

Likes children YES / NO

Is allowed to have treats YES / NO

If Yes, When? _____

Is prone to digging YES / NO

Is prone to chewing YES / NO

Is fearful of noises or other things YES / NO

Obeys basic commands YES / NO

Has bitten people or other dogs YES / NO

Has shown other aggression YES / NO

Please provide any other information that would be helpful in providing care to your dog. Use back form if necessary.