

Dogs



Pet name: _____

Breed: _____

Gender: _____

Spayed/Neutered? _____

Color/Description: _____

Birthdate/Age: _____

Feeding Instructions:

Brand of food: _____

Amount given: _____

Food storage location: _____

Location of food bowl? _____

Time of feeding(s): _____

Treats allowed? What kind? _____

Favorite Toys/Activities:

Exercise Instructions:

Where is leash? _____

Do you walk dog? If so, where? _____

Any animals/people dog should avoid? _____

Any problems taking dog out in bad weather? _____

Where to put bags of poop? _____

Other exercise details: _____

Fenced dog

Is fence secure? _____ Is poop in yard to be scooped? _____

Pet to be groomed? _____ Location of brush/comb: _____

Medication

Pet who needs medication: _____ Medications: _____

Reason for medication: _____ Where stored: _____

Time(s) of day meds given: _____ Amount given: _____

How administered? _____ Does dog take it well? _____

Clean Up

Does dog have accidents? _____ Cause: _____

How should I clean up? _____

Where are cleaning supplies? _____

If pet gets diarrhea, is there a place dog can be enclosed? _____

Has dog ever attacked anyone? _____

How does pet react to strangers/children? _____

Has pet ever snapped at anyone? _____

Is pet afraid of storms? _____

Other fears? _____

What Else I Should Know? (Care restrictions, behavioral information, etc.)

