



Susan's Paws and Claws Pet Services

Dog Profile Form



Pet Name: _____

Sex: ☐ Female Spayed? ☐ No ☐ Yes ☐ Male Neutered? ☐ No ☐ Yes

Color: _____

Breed: _____ Pets Age: _____ Pet's Date of Birth: _____ Pet's Weight _____

Walking: _____ AM _____ Mid-Day _____ PM

Feeding Instructions:

A.M. _____

P.M. _____

Brand of Pet Food Used: _____ Location of Pet Food _____

Medications: _____

Name of Medication

When to Administer Medication

Amount

How to Administer

Name of Medication

When to Administer Medication

Amount

How to Administer

History of Illness? ☐ No ☐ Yes If yes, please explain:

Daily exercise to be given: ☐ Yes ☐ No

Rabies shot good through (date) _____ Please Submit a Copy _____

DHLPP shot good through (date) _____

Pet's collar color: _____ ID Tags: ☐ Yes ☐ No

Favorite toys and special treats: _____

Favorite hiding places _____

May pet sitter give your pet treats? ☐ Yes ☐ No

Personality (include phobias/fears) _____

Has your pet ever snapped at or bitten anyone? ☐ Yes ☐ No

Is your pet good with children? ☐ Yes ☐ No

Does your pet have a history of biting or fighting with other animals? ☐ Yes ☐ No

Are you aware of any reason we should approach your pet with caution? _____

How does your pet react to your absence from home? _____

Dollar limit on emergency care: \$ _____

FOR OFFICE USE ONLY ~ Verified vaccination records (date) _____