



Hope's Happy Paws LLC

YOUR DOG'S PROFILE (Please complete this form for each dog in your household.)

Dog's Name: _____ Sex: ☐ M ☐ F Age/Birthday: _____ Color/Breed/Description: _____

Clinic/Veterinarian Name: _____

Address: _____ Phone: () _____

Is your veterinarian aware that you will be using our pet-sitting/dog-walking service? ☐ No, will notify ☐ Yes, have notified

If your vet is unavailable may we use another vet or emergency vet clinic? _____

How long have you had this dog? _____ Does your dog have health insurance? _____

Does your dog allow you to brush and groom it? ☐ Yes ☐ No Is your dog spayed or neutered? ☐ Yes ☐ No

Has your dog had obedience training? ☐ Yes ☐ No If yes, commands recognized: _____

Is the dog microchipped? If so, list chip company, phone # and ID # _____

How does dog react to your absence from home? _____

Does your dog have any hiding places? _____

Does your dog walk with a harness or any special collar? ☐ Yes ☐ No If yes, please describe? _____

How does your dog react to other pets; e.g., any in-house grumbling or fighting? _____

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

Does your dog have any contagious illness? _____

Does your dog have any physical conditions, food allergies or problems? _____

List any special attention these conditions or problems may require: _____

Is there anything your dog potentially dislikes/reacts to; e.g., kids, strangers, thunderstorms, etc. _____

While walking on a leash, does your dog react to: ☐ Other Dogs ☐ Cats ☐ Squirrels ☐ Children ☐ Other _____

Has your dog ever bitten anyone, animal or human? _____

While walking your dog in your neighborhood, is there anything I should be aware of (e.g., unconfined dangerous dogs, neighborhood issues, etc.)? _____

Is your dog allowed free run of home's interior or contained in room or crate? _____

If multiple dogs, can dogs be walked together (with other dogs from same household)? ☐ Yes ☐ No

What is your dog's feeding schedule? ☐ Free Fed ☐ A.M. Only ☐ P.M. Only ☐ A.M. and P.M. Fed Food Location: _____

Can your dog have treats? ☐ Yes ☐ No What kind? _____ How Often? _____

Cleaning supplies location: _____ Leash Location: _____

Is there any additional information about your dog you would like to share? _____