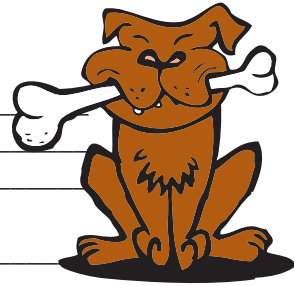


Client and Puppy Profile for HappyHounds...pet sitting and dog walking



CLIENT INFORMATION

Client Name: _____
Client Address: _____
Telephone: (home) _____ (cell) _____
(work): _____
Email _____
Emergency contact: (if applicable)
Name: _____
Relationship: _____
Telephone: (home) _____ (2nd phone) _____

VET INFORMATION

Veterinarian's Name: _____
Veterinarian's Address: _____
Veterinarian's Telephone Number: _____
Emergency contact: (if applicable)
Name: _____
Relationship: _____
Telephone: (home) _____ (2nd phone) _____

PET INFORMATION

Pet's Name/Nicknames: _____
Birthday: _____ Age: _____
Breed: _____
Color/Markings: _____ Sex: M or F _____ Neutered /
Spayed _____
Rabies Tag # _____ Tattoo No.: _____ Micro chipped: _____
YES ___NO

PET HEALTH INFORMATION

1. Are there any restrictions that should be placed on your pet's activities? _____
2. Is your pet on any medications that must be administered? If yes, please describe any medication procedures and the name and dosage of the medication. _____
3. Does your pet have allergies (if so, to what)? _____
4. Does your pet have any existing medical issues we need to be aware of or is your pet being treated for a medical issue currently (if yes, please explain) _____

FEEDING

1. What brand of food/s does your pet eat? _____
2. How much food does your pet eat? _____
3. When does your pet eat? _____
4. Does your pet stop eating when stressed? ___ YES ___NO

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5. Special feeding instructions: _____

PLAY!

1. Is your pet allowed to go to a Dog Park? ___ YES ___ NO

2. Does your pet have a favorite toy or game? If yes, please describe: _____

3. Does your pet like to be held? ___ YES ___ NO Petted? ___ YES ___ NO

4. Are there any areas on your pet's body that does not like to be touched by humans (ears, paws, etc.)? _____

5. Does your pet get frightened by unfamiliar or loud noises (if so, please explain)? _____

6. Does your pet respond when off-leash? ___ YES ___ NO

7. Is there any type of person (mailperson, service person, etc.) or pet (specific breed, male, female, etc.) your pet routinely dislikes or fears? If yes, please describe: _____

8. Is your pet left loose in the house when you leave or is he/ she kenneled?

9. Where does your pet prefer to sleep at night.

10. Please describe any additional information that will help me provide your pet with his/her everyday routine.

Client's Signature: _____

Date: _____