

PET INFORMATION (for additional pets please reprint page 2 and fill out information per pet)

Pet's name: _____ Date of birth: _____ Weight: _____

Breed: _____ Male / Female Neutered / Spayed / Unaltered

When were last vaccines given?

DHLPP: _____ Rabies: _____ Lyme: _____

Is your pet micro-chipped? Y / N **Chip #** _____ Registry company: _____

Is your pet licensed in Colorado? Y / N **License #** _____

Is your pet currently on medication? Y / N If yes, what medication is your dog taking and what is being treated?

Will the BPS need to administer medication(s)? Y / N If yes, please give detailed instructions:

Does your pet have any allergies? Y / N

If yes, please list allergen(s): _____

Please list allergy symptom(s): _____

Is there anything in particular we should be aware of while pet sitting your pet (i.e. health issues, bad/good habits, etc.)?

Any exercises restricted by veterinarian? _____

Please circle all known commands:

Sit Stay Heel Wait Come Leave it Off Down

Others: _____

Does your pet have any fears/phobias/aggression issues? Y / N

If yes, explain: _____

Has your pet ever bitten a person or another animal? Y / N If yes, please explain circumstances: _____

Where will your pet be at the arrival of the BPS (i.e. house, crate, yard, etc.)? _____

Where would you like your pet left afterwards (i.e. house, crate, yard, etc.)? _____

Do you use anything other than a collar and leash when walking your pet (i.e. harness, Halti/Gentle Lead, pinch/prong collar, etc.)? _____

Where do you keep your dog walking items?

Leash _____

Waste Bags _____

Other _____

Will your pet need to be fed? Y / N If yes:

Feeding Time _____

Food location _____

Food quantity _____

ADDITIONAL INSTRUCTIONS OR NOTES (meal times): _____
