Office Use Only: Family Name:	Client ID:	Date:
LITTLE FRIENDS PETSITTERS LLC		
	PET PROFILE – DOG	
Pet Name Weight Color/Markings Sex:	Nale 🗖 Un-spayed Femal	
Drinking Water:  Faucet Filtered	Bottled	
Medication/Supplement Instructions:		
How does your dog behave at the vet? When did your dog last visit the vet? Does your dog have any ongoing medical o		
Veterinarian to be contacted is: Clinic/Hosp Address Should specified veterinarian be unavailabl Yes I No (Initial) (no treatme Does your dog have a Microchip? I No (	oital Pł Pł le, client authorizes LFP to ent will be provided if prim	Doctor none Number select veterinarian of their choice nary vet is unavailable)
Dog is currently vaccinated as required by law:  Yes  No Where would you like your dog to be kept while alone at home (e.g. loose in home, crate, etc.)?		

Does your dog have any sensitive areas that he/she does not like to be touched? Please describe:

Client states that the dog to be cared for by LFP is safe to be around and as not previously caused injury to any person or animal unless stated below. Any special concerns or instructions related to ensuring the safety of LFP personnel or others are listed herein:

Has ever bitten: **D** No **D** Yes (describe circumstances of each incident):

## Enrichment:

How often is your dog currently exercised off your property (e.g. walk, Dog Park)?\_\_\_\_\_\_ Please list any pet names or special words you use with your dog:

Favorite games or toys \_\_\_\_

Please describe any undesirable behaviors your dog displays in the home (e.g. getting into trash, counter surfing, chewing, etc.):

Please describe any undesirable behaviors your dog displays on walks (e.g. pulling, lunging, etc):

What is your biggest concern about your dog being under a pet sitter's care?

Additional information we should know: