



Dog Sitting Information Sheet

Safe At Home Pet Sitting, LLC

270-320-4418

**Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Owner/Dog Name: _____ Male / Female Spayed / Neutered

Microchipped: Yes No Chip Number: _____ Breed: _____

Colors/Markings: _____ Leash/Collar Description: _____

Caged / Run of house / Outdoors / Limited to: _____

Feeding Time: _____ Treats: _____

Feeding Instructions: _____

What commands does your dog know:

Sit Give Paw Other: _____

Stay Play Dead Other: _____

Beg Roll Over Other: _____

Walk Route: _____

Location of leash/walk pointers: _____

Favorite Toys/Games: _____

Precautions (other dogs, people, scared of): _____

Anything else we should know: _____

**This form will be kept on file for all future visits. If anything changes, you will remark so on the vacation/trip log at each visit booking.*

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date