

DOG SITTER LIST

DOG INFORMATION:

Name(s): _____

Age(s): _____

Microchip or ID#(s): _____

Medical Issues/Allergies: _____

VET INFORMATION:

Name _____

Address _____

Tele. # _____

Emergency Vet: _____

FEEDING:

Amount/Type of Food: _____

Feeding Times: _____

Restrictions: _____

SLEEPING:

Location (e.g., owner's bed, kitchen in crate, etc.) _____

POTTY HABITS:

MEDICATION

TYPE/WHEN: _____

CONTACT IN EMERGENCY: _____

OWNER CONTACT: _____

ANY MISC. INFO.: _____

OWNER RETURN DATE OR TIME: _____

OWNER'S SIGNATURE AND AUTHORIZATION TO TAKE DOG TO VET IF NEEDED

DATE: _____