



DELCO DOGGIE

Pet Services

PET PERSONALITY PROFILE

Pet's Name _____ Description (color/Breed) _____

Sex _____ Weight/Size _____ Pet Age _____ Pet Birthday _____

Current on vaccinations _____ Dog License _____ Length of Ownership _____ Spayed/Neutered _____

Heartworm medication _____ Flea/Tick _____ Pet Allergies _____

Brand & Type of Food _____ Amount & Times Fed _____

Medications to be Administered _____

Special Feeding Instructions _____

Feed apart from other pets/supervise Y / N Dispose of uneaten food Y / N Remove food after ___ Minutes

Watering Instructions _____

Treat Instructions _____

On/Off Leash Behavior _____

Crating Instructions _____

Fenced in yard _____ Allowed on Furniture _____ Restricted Areas _____

History of Illness/Biting _____ OK to muzzle? _____

Pet Doesn't Like:

Baths ___ Toenail Clip ___ Message ___ Touch Ears ___ Sprays ___ Hot Days ___ New Animals ___ Other Family Pets _____

Rain/Snow/Cold ___ People Near Food _____ Sharing Food ___ Sharing Toys ___ Loud Noises ___ Strangers ___ Other _____

Pet Behavior:

Attacked or bit someone Y / N Attacked another Animal Y / N

May cause damage to house or household items if left unattended Y / N

Allowed to go for car rides Y / N May play with Sitters personal pets for socialization? Y / N

Permission to be photographed for Delco Doggie Website? Y / N

Additional Comments _____

Client Signature _____

Date _____