

Dayna Moncrief
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Pet Information and Instructions

Please fill out one form per pet

Pet's Name: _____ Owner's Name: _____

Birth Date: _____ Age: _____ Sex: M / F Spayed / Neutered Breed: _____

Feeding Instructions: _____

Medications/Medical Conditions: _____

Allergies: _____

Special Instructions: _____

Temperament/Personality:

Pet is usually:

- Stubborn Cautious Friendly
 High strung Shy Anxious
 Aggressive Aloof
 Energetic Mellow

Pet doesn't like:

- Baths Nail trims Sharing toys Loud noises
 New animals New people People/animals near food/water/toys

Playstyle:

- Dominate Pushy Submissive Chase Wrestle Body Slam Referee (fun police) Depends on other dog

- Allowed outdoors off leash ONLY allowed outdoors on leash Allowed on furniture/beds Chews on things Digs in yard
 Crate trained Restrict to own crate when alone

Basic Commands:

- Come Sit Down (lay down) Off Stay Wait List any other commands: _____

Favorite games, toys, activities: _____

Where does your pet sleep at night: _____

Where does your pet stay when alone (crate, certain room, free roam, etc): _____

How long does your pet stay home alone: _____

Ever been around cats: Yes No: please explain possible reactions _____

Ever been in a dog fight or scuffle: No Yes: please explain _____