



fetch.

Your Pet. Your Way.

1300 41 21 41
info@fetchpetsitting.com.au
P.O Box 171
Kedron
4013

DOG INFORMATION SHEET

Dog's Name/s: _____

Age/s: _____

Birth Date/Month (if known): _____

Breed/s: _____

Color/Markings: _____

Sex: Male or Female

Desexed: Yes / No

Microchipped: Yes / No

Feeding:

What kind of food/s does your dog eat?

Wet (what type) _____ Dry (Kibble) _____ Wet & Dry _____

Other _____

What amount do we feed your dog? _____

When would you like us to feed your dog?

Morning

Afternoon/Evening

Mornings & Evenings

Special feeding instructions e.g Sit / Code words etc.

Medication:

Is your dog on any medications that must be administered? If yes, please describe any medication procedures and the name and dosage of the medication as well as where it is kept.





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Does your dog have favourite hiding places? YES / NO

Where will you keep your collar and lead?

Traits:

Please answer the following brief questionnaire about your dog. It will help us to better care for him/her:

Is friendly with other dogs YES / NO

Likes new adults YES / NO

Likes children YES / NO

Is prone to excessive barking YES / NO

Is allowed in the house YES / NO

Is allowed to have treats: YES / NO

Is prone to digging YES / NO

Is prone to chewing YES / NO

Is fearful of noises YES / NO

Obeys basic commands YES / NO

Has bitten people or other dogs YES / NO _____

Has shown other aggression YES / NO _____

Can your dog escape the yard YES / NO _____

Please indicate anything else about your dog's habits or behaviour that would be useful to us in providing care:

