



Pack Member Information Sheet

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

Pet's Full Name: _____ Male / Female _____ Neutered / Spayed _____

Birthday: _____ Breed: _____ Colors/Markings: _____

Microchipped: Yes No Chip Number: _____ Shots up to date: Yes No

Leash/Collar Descriptions: _____ Location of leash: _____

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

Feeding Time: _____ Favourite Treats: _____ Allergies: _____

Feeding Instructions: _____

What commands does your dog know?

Come Beg Sit Give Paw Roll Over Stay Play Dead Drop It Leave It

Other: _____

Excessive leash pulling? Yes No Sometimes, when: _____

Attempts to dart through an opening door? Yes: No:

Has your dog ever: attempted to run away, pulled out of his collar, or run out of the park? Yes: No:

Does he/she come when called? Yes: No: Recall Word: _____

Darts to chases cats, squirrels, etc? Yes: No:

Do they respond to recall if they are in the zone of chasing? Yes: No:

Is your dog afraid of loud sounds; fireworks, fire alarms etc. Please explain: _____

Does your dog share his/her toys, food/water with other dogs? Yes: No:

Does your dog play with other dogs? Always: Sometimes: Never:

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

Has your dog ever bitten another dog or person? Yes: No:

If yes, please explain: _____

Any behavioral concerns or issues (resource guarding behaviors, storm phobias, noise phobias, separation anxiety, sibling rivalry, etc) _____

Do they eat garbage off the ground?: Yes: No: If yes, please explain: _____

Are they an escape artist?: Yes: No: If yes, please explain: _____

Veterinarian (Clinic Name, Phone #, Street Address, Dr.'s Name) _____

Anything else we should know/restricted activities? _____

Pet Sitting Inclusive:

My dog, _____ **can:** **cannot:** participate in off-leash activities at permitted off-leash parks while in the care of Fremont Village Dog Pack

Activities my dog, _____ can and cannot do while in the care of Fremont Village Dog Pack:

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



Client Information Sheet

Owner Information:

Name: _____

Home #: _____ Work #: _____ Cell #: _____

Name (partner/spouse): _____

Home #: _____ Work #: _____ Cell #: _____

Home Address: _____

Best e-mail address: (& cc) _____

Emergency Contact: _____ Emergency #: _____

Time of visit for each day:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Before 11							
11-3							
After 3							
other							

Security System:

Company Name: _____

Code: _____

Phone Number: _____

Password: _____

Arming Instructions: _____

Disarming Instructions: _____

Door Entering (must be near alarm): _____

Property Description:

Securely Fenced: Yes

No

Gate Properly Working: Yes

No

Invisible Fence: Yes

No

Pet Door:

Yes

No

Describe any problems with the fence (ie. gate not easily latched, digs under fence, etc): _____

Location of cleaning supplies (solvents, broom, dustpan, paper towels, etc.): _____

Location of Emergency Shut Off Switches:

Gas: _____ Water: _____ Circuit Breaker: _____

Will you have any one else on your property (relatives, friends, house cleaner, etc):

Who: _____ When: _____