

Doggy Lama Pet Care
Client Information for Dog Care
Please fill out all applicable information

Pet's Name: _____ Breed or description: _____

Client name(s): _____ Today's date: _____

Complete address, including zip code: _____

Dog walking clients only: Do you have an alarm system? If so, please give us instructions on how to use it: _____

Telephone Numbers: Home: _____ Work: _____

Cell: _____ Partner's cell: _____ Other: _____

Email for you and your partner if applicable: _____

How did you hear about Doggy Lama Pet Care? _____

Pet's birth date or approx. age now: _____ Approximate weight: _____

Vet name, address, and phone number: _____

Preferred emergency vet (if you have one): _____

People to contact if there's an emergency and we can't contact you. (Please give us one local and one out-of-Bay-Area contact.

If we have a major disaster here it will be easier to call out of the Bay Area than across it.): _____

Dog license number and city he or she is licensed in: _____

Did your pet come from a rescue group or shelter? If so, which one? _____

Is pet up to date on all shots, including rabies? _____ Is your pet neutered or spayed? _____

Does pet have any ongoing health issues? Does he or she have allergies? Is he or she on any medication (if so, what)? How often does he or she get medicine/treatment? _____

Is it OK to give your pet treats? Are there any treats you would not like your pet to have (due to allergies, etc.) _____

Is your pet on flea medication? Does it include anti-tick medication? Is he or she up-to-date with the treatments?

Please describe your pet's personality. _____

Have you and your dog gone through any obedience training? Please tell us what classes/trainer/etc. Anything you can remember is helpful. _____

Is your dog better on leash or off leash? Any reactivity when on leash? If so, how do you handle it? _____

Does your dog have experience with cats or other small animals? _____

Has your dog ever injured or killed a cat or other small animal? _____

Does your dog have experience with children? Please give any information you can. _____

Is your pet afraid of any of the following? children other dogs cats fireworks horses men people in hats
 people in sunglasses motorcycles other—please explain: _____

Please describe what "works" (or helps) your pet with fear or issues with any of the above. _____

Does your dog get along with other dogs? always usually sometimes never

What kind of dogs does your dog not get along with? _____

Has your dog ever bitten another dog (a bite that broke the skin)? (If so, please give details of what happened—also feel free to use space on page three.) _____

Has your dog ever been attacked by another dog (an attack that required a vet visit)? (If so, please give details of what happened—also feel free to use space on page three.) _____

Has your pet ever bitten a human? (If so, please give details of what happened—also feel free to use space on page three.) _____

Does your dog come when called? always usually sometimes never What is distracting your dog when he or she does not come? _____

Is your dog food- and treat-motivated? _____

Does your dog guard his or her food or try to eat other dogs' food while they are eating? _____

Has your pet ever been boarded before (if so, where)? _____

Has your dog ever had a dog walker before (if so, whom)? _____

What does your dog chase? bikers joggers horses deer squirrels balls cats birds other dogs

Has your dog ever run off on the trail and been gone for more than ten minutes? _____

Please describe what "works" to help dog in any problem situations checked off above. _____

What commands do you use with your dog? We especially need to know come and release commands (i.e., okay, recess, free dog, let's go, etc.). _____

What does your pet eat? How many times a day? When does your pet get any medications with food? Please be very specific (e.g., # of times fed per day and how much each time, and what meds or vitamins given and amounts at what time). Please also tell me brand names if you can remember them. _____

Where does your pet sleep (e.g., on the humans' bed, on a dog bed in the kitchen, etc.)? _____

When your dog is home, where does your dog go to the bathroom? ___in the yard ___outside house on a leashed walk ___on grass only ___on the street next to the curb ___(other—please explain: _____)

Does your pet ever have "accidents" in the house (pee or poop inside)? If so, under what circumstances and how do you handle it? _____

Does your pet have constant access to the outside at home (a pet door)? _____

How does your dog let you know he/she has to go to the bathroom? _____

When you leave the house, where do you leave your dog? ___in crate ___in yard ___free in the house ___in house with outside access ___other—please explain here: _____

Is there anything else you can think of that we should know? (Feel free to use other side of this sheet, too, if necessary.)

Thank you very much for taking the time to fill out this detailed questionnaire.