



omaha's urban pet care

Dog

Pet Sitting Information Form

402.671.3721 • info@zoomersomaha.com • zoomersomaha.com

Client Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (Apt. or Suite #)

Client Phone numbers \_\_\_\_\_  
(city) (state) (zip)  
(home) (work) (cell)

Email: \_\_\_\_\_

Dog(s) Name \_\_\_\_\_

Dogs Age \_\_\_\_\_ Breed(s) \_\_\_\_\_

Color/Markings \_\_\_\_\_

Sex:  Male  Female •  Neutered/Spayed • Rabies Tag # \_\_\_\_\_

Vet's Name and phone \_\_\_\_\_

Emergency contact \_\_\_\_\_

Do you have pet insurance?  Yes  No

Special Feeding Instructions: \_\_\_\_\_

Medications: Is your dog taking any medications?  Yes  No

How and when are they given? \_\_\_\_\_

Do you want your dog to be walked?  Yes  No

Does your dog have favorite hiding places?  Yes  No

Where? \_\_\_\_\_

Does your dog try to escape?  Yes  No • How? \_\_\_\_\_

Does your dog dig?  Yes  No • Has your dog ever run away?  Yes  No • Does your dog eat when stressed?  Yes  No

Has your dog ever bitten?  Yes  No

If so, please explain the circumstance \_\_\_\_\_

Does your dog like to be held, petted or brushed?  Yes  No

Instructions \_\_\_\_\_

Please describe your dog's temperament around strangers, adults or children: \_\_\_\_\_

Is your dog allowed to have treats?  Yes  No What Kind? \_\_\_\_\_

Please tell us any other habits or behaviors your dog has that would help us in providing the best care while you are away. \_\_\_\_\_