

Huggable Muggs, LLC.

Dog Profile Form



Client Name: _____

	Dog's Name	Age	Sex	Spayed / Neutered	Breed / Description	Shots Current?
1						
2						
3						

First time alone? (circle answer) Yes No Is your dog social with other animals? (circle answer) Yes No

History of biting or fighting? (circle answer) Yes No If Yes, please explain: _____

How does your dog react to your absence? _____

Where does your dog sleep or hide? _____

Does your dog have a secured area it stays in your absence? (circle answer) Yes No If so, where? _____

Feeding instructions: ____ AM ____ Midday ____ PM

Type & Amount: _____

Where fed: _____

Food stored: _____ Treats: _____

Medical conditions: _____

Medications given: _____

Trigger word(s) for potty: _____

Leashes and toys located: _____

Cleaners, paper towels, rags located: _____

Pet sitter to kennel pet upon leaving? (circle answer) Yes No

If yes, kennel is located where: _____

If no, any special location pet should be placed when pet sitter leaves: _____
