

Date _____

Dog Sitting Questionnaire

Midwest Greyhound Adoption

Owners Name: _____

Owners Address, City, State, Zip _____

Home Phone _____ Cell Phone _____

Vet Name & Phone _____

Emergency Contacts(name/phone) _____

Dog(s) Name _____ Age(s) _____ M or F (circle one)

Dog(s) Ear Numbers: Left _____ Right _____

Any physical problems: _____ Any current medications? _____

OK with children: _____ OK with cats/small dogs _____

Normal feeding schedule _____ Aggressive near food: _____

Normal bathroom schedule: _____

Will dog go potty on a leash: _____

How long can dog(s) go without being let out: _____

Does the dog(s) give signs to go out? _____

Do you crate or gate off when you leave? _____ At night? _____

Allowed on furniture? _____ Does dog(s) chew or bark _____

Does your dog(s) do stairs _____

Any quirks? _____ Reaction to storms _____

How is dog(s) on leash? _____

Dog(s) afraid of men, women, children? _____

Dog Adopted thru MGA? Yes/No If no, which adoption group _____

Any additional information or comments regarding your dog(s): _____

THANK YOU FOR FILLING OUT THIS FORM, AND HAVE A NICE TRIP!!!

Please return form to: Ausra Petry
8830 Magnolia Ct.
Orland Park, IL 60462-3428

E-mail: midwestgreyhoundsits@gmail.com
Cell 708-699-8224