



Puppy Sitting Form

Puppy Information	
Puppy's Name	
Puppy's Tattoo Number	
Puppy's Age	
Breed/Sex	
Raiser Information	
Raiser's Name	
Raiser's Address	
Raiser's Cell Phone Number	
Date/time expected home	
Important Telephone Numbers	
The Seeing Eye	1-800-539-4425
Puppy's Area Coordinator Name and phone number.	<i>Call in case of an emergency or if female comes in season</i>
Club Leader's Name and phone number	
Puppy Raiser's Vet's Name and Number	
After Hours Vet <i>Anything over \$150.00 needs approval from a SE veterinarian</i>	
Poison Control	(888) 426-4435 <i>There is a \$65.00 fee for this</i>
Feeding/Eliminating/Sleeping	
Brand of Food:	<i>*Hint: Using ziplock bags to pre-package each meal is helpful. Send some extra meals just in case they are needed.</i>
Number of feeding/times/cups per meal	
Special feeding/watering instructions	
Relieving Approximately how often	
Will pup let you know it has to go out? How?	
Where does the puppy sleep? Crated? Tie down?	
Health	
Medical Conditions and Instructions	
Shots Needed during stay with sitter. If yes due date and shot type along with a copy of the medical card	
Prescribed Medicine with Instructions	
<i>*Has your puppy been on any medications within the last 2 weeks? If so what reason? Name of medication; when was medication finished?</i>	