



Hound Sitting Questionnaire

Owners Name: _____

Owners Address, City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Vet Name & Phone: _____

Emergency Contacts (name/phone): _____

Dog Name: _____ Ear Numbers: Left _____ Right _____

Any physical problems: _____

Any current medications? _____

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

Normal feeding schedule: _____

Normal bathroom schedule: _____

Will dog go potty on a leash? _____

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? _____

How is dog(s) on leash? _____

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

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: Greyhound Adoptions of Florida NE c/o Maureen Moss 418
Blackbird Station Road Townsend, DE 19734 or e-mail: greysitting@adoptagrey.org