

Lyka's essential dog-sitting guide



CONTACT INFORMATION

PARENT NAME:

PHONE NUMBER:

MICROCHIP NUMBER:

DOG BEST FRIEND:

PHONE NUMBER:

VET NAME:

VET PRACTICE:

PHONE NUMBER:

EMERGENCY VET NUMBER:

EXERCISE

___ WALKS PER DAY FOR ___ MINUTES

Dog parks: YES/NO

Favourite park:

Essential equipment:



MEALTIMES

Scheduled mealtimes:

☀ MEAL 1 _: _ AM ☾ MEAL 2 _: _ PM

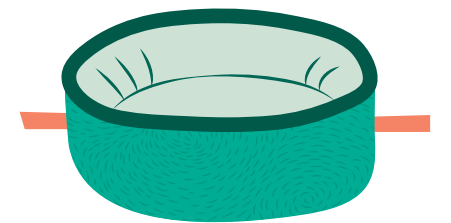
Portion size

Food allergies or intolerances:

SCHEDULE MEALTIMES
AT LEAST AN HOUR BEFORE
OR AFTER EXERCISE TO
AVOID BLOAT



BEDTIME ROUTINE



MEDICAL INFORMATION

Health issues and alerts:

Medication:



REMINDERS

Toilet breaks:

☀ _: _ AM ☾ _: _ PM

Water:

Notes:

TREATS

Favourite treats:

How many treats per day:

When to treat:



UNIQUE HABITS OR BEHAVIOURS

Notes:

FEARS

-
-
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