



## 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's 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 Veterinarian's Name and Number	
After Hours Vet ( <i>Anything over \$200.00 needs approval from a Seeing Eye veterinarian</i> )	
Poison Control	<b>(888) 426-4435</b> <i>There is a \$65.00 fee for this</i>
Feeding/Eliminating/Sleeping	
Brand of Food	<i>*Hint: Using sealable bags to pre-package each meal is helpful. Send some extra meals just in case they are needed.</i>
Number of Feedings/Times/Cups (per meal/day)	
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!	
Prescribed Medicine with Instructions	
<b><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></b>	