

Today's Date: _____

Pet Information

Dog's Name:

Nick-Name:

Breed:

Sex: Female Male

Birth Date/Adoption Date:

Fixed: Yes No

Colors and/or markings:

Allowed on furniture:

T.V. or radio left on:

Crate or run of the house:

If crated, what is allowed in crate?:

Reaction to kids (in general & on leash). On a walk, how should our staff handle situation:

Reaction to other animals (in general & on leash). On a walk, how should our staff handle situation:

Expected Daily Potty Behavior:

*Where does your dog like to go potty/poop? (Yard, on walk):

*If your dog poops in the yard, would you like for us to pick it up?

*Where is your preferred place for us to throw out the poop?

*Should we notify you if they do not poop on a walk? Yes No

*How many times a day do you consider normal for your dog to poop?

*What is a "normal" poop for your dog? (Soft, formed, etc . . .)

Fears & Phobias:

Check all phobias that apply:

- Storms(Thunder/Lightning)
- Fireworks
- Paws Being Touched
- Separation Anxiety
- Men/Women
- Hats, Hoods, Sunglasses
- Loud Noises (Sirens, Alarms, etc . . .)
- Mailmen/Women
- Moving Vehicles (Cars, Trucks, Bikes, etc . . .)
- Other(s):

Types of behaviors pet will exhibit due to phobias & how would you prefer us to handle them:

Location Of Pet's Items:

*Leash:

*Collar/harness (Would you like us to remove collar/harness after walk?):

*Extra poop bags:

*Where extra food/treats are stored:

*Towels for wiping paws/wet dog:

*If on medication:

*Clothing items (sweater, coat, etc . .):

Additional Notes:

Special Feeding Instructions:

Does your pet have any dietary restrictions due to illness or allergies?

*Brand name of food:

How much per serving, and do we add anything to their food (wet food, food topper, etc . . .)?

What time(s) do they eat?

*Type (wet, kibble, etc.):

*Where food container is kept:

If your pet is a grazer:

* Do we pick up the food when we leave, or leave it for them to graze on until our next scheduled visit?

* At the next feeding time: Do we throw the remaining food away to add fresh food, or add to the remaining food?

* Location of pet's food and water bowl:

* Do they have more than 1 water bowl/if so where is it located?

* Do we need to wash or soak food bowl?

* What type of water do you give your pet: Tap water or other? If other, where is it located?

Location of treats/when and how many can be given?

Additional Notes:

Today's Date: _____

Vet & Emergency Vet Information

Name of Practice:

Address:

Phone #:

City:

State/Zip code:

Do you have a preferred Dr.?

How long have you been with them?

Name of 24 hour/emergency pet veterinary hospital:

Address:

Phone #:

City:

State/Zip Code:

Do you have a preferred Dr.?

Medical History

Dog's Name:

Health Issues and Related:

Current meds:

How do we administer medicine to your pet?

Microchip company name:

Phone Number:

Microchip Number:

Notes:

Medical Emergencies

If time is of the essence, (i.e. found unconscious, bleeding out, etc . . .) are we authorized to act first **OR** should we call you first? (please keep in mind we will always contact you if you choose authorized).

***IF** we cannot get ahold of you, what should we do?

How does your pet travel in a car?

If your pet needs a carrier where is it located?

Did you contact your veterinarian to give us authorization? (If not please do so to prevent treatment delay in case of emergency).

Other Additional Notes:
