



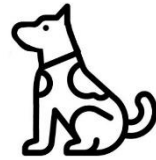
# Drop-in Visit Intake Form

**Dana's Dogs**

(319) 427-2170

500 W Cherry St. Salem, IA 52649

www.DanasDogsLLC.com



**Name of Pet:** \_\_\_\_\_

**Birthday/Age** \_\_\_\_\_

**Breed of dog** \_\_\_\_\_

**Parent(s) Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number in case of emergency:** \_\_\_\_\_

**Date and time start** \_\_\_\_\_ **Final date and time** \_\_\_\_\_

Instructions to reach your dog: (location of key/code to get in, will dog be in crate, etc.) \_\_\_\_\_

**Name and town of Veterinarian** \_\_\_\_\_

**Will Dana's Dogs be feeding your dog during our visit?** Yes No Treats Only

if yes, complete below information

**Food and Medications:**

How many times per day does your dog eat? 1 2 3 free feed

What is the serving size of food? \_\_\_\_\_ cup(s)

Does your dog have any allergies we need to be aware of? Yes No If yes, what \_\_\_\_\_

Is Dana's Dogs administering medication to your dog? Yes No If yes, please write medication name, dose and schedule \_\_\_\_\_

**Temperament:** (circle all that apply)

Has your dog ever shown aggression around: Other Dogs Children Food Toys None

Are there any behaviors we need to be aware of? (example: escape artist, digger, eats blankets, scared of storms, etc.) \_\_\_\_\_

**How did you hear about Dana's Dogs LLC?** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Dana's Dogs is not responsible for any items lost, destroyed or damaged.

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