***All highlighted boxes must be filled in/answered but please fill in as much as you can. Hit TAB or arrow keys to move from box to box. We will review this form during our Meet & Greet.***

**General Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name:** | Enter text here | **Client Cell Phone:** | Enter text here |
| **Client Address:** | Enter text here. | **Client Email:** | Enter text here. |
| **Secondary contact:** | Enter text here | **Secondary Contact Cell:** | Enter text here |
| **Pet (species):** | *Choose or enter text* | **Breed:** | Enter text here |
| **Pet’s Name:** | Enter text here | **Sex:** | Choose from menu |
| **Color/Markings:** | Enter text here | **Neutered/Spayed:** | *Choose an item.* |
| **Pet Age or Birthdate:** | Enter text here | **Weight (lbs):** | Enter text here |
| **Microchipped:** | *Choose from menu* | **Microchip #** | Enter text here |
| **Where are collar, leash and harness located:** | | Enter text here | |
| **Where is transport crate located:** | | Enter text here | |

**Veterinarian Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Clinic:** | Enter text here | **After hours Emergency Clinic:** | Enter text here |
| **Veterinarian’s Name:** | Enter text here | **Emergency Clinic Address:** | Enter text here |
| **Primary Clinic Address:** | Enter text here | **Emergency Clinic Phone #:** | Enter text here |
| **Primary Clinic Phone #:** | Enter text here |  |  |

**Feeding:**

|  |  |
| --- | --- |
| **What kind of food/s does your pet eat? Are treats ok?** | Enter text here |
| **Amount of food (Cup, Can, Tbls, tsps):** | Enter text here |
| **Location of food:** | Enter text here |
| **Frequency/time of feeding(s):** | Enter text here |
| **Special instructions (i.e. allergies, treats that can/cannot be given):** | |
| Enter text here. Type as much as needed. | |

**Traits/Behavior/Physical Activities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Friendly with other dogs?** | *Type in or choose answer* | **Friendly with other animals?** | *Type in or choose answer* |
| **Likes Women?** | *Type in or choose answer* | **Likes men?** | *Type in or choose answer* |
| **Likes new adults?** | *Type in or choose answer* | **Likes children?** | *Type in or choose answer* |
| **Fearful of noises?** | *Type in or choose answer* | **Obeys basic commands?** | *Type in or choose answer* |
| **Has shown aggression?** | *Choose from menu* | **Please give details:** | Click here to enter text. |
| **Favorite toy/game?** | *Enter text here* | **Barks a lot?** | *Type in or choose answer* |
| **Has bitten people / dogs?** | *Type in or choose answer* | **Please give details:** | *Enter details* |
| **Ever Escape?** | *Type in or choose answer* | **Please give details:** | *Enter details* |
| **How long can your dog wait between potty breaks?** | *Enter text here* | | |
| **How far do you usually walk your dog (blocks/miles/minutes)?** | *Enter text here* | | |
| **Are there any times/conditions in which you prefer your dog NOT be walked?** | | *Enter text here* | |

**Health Issues/Medications:**

|  |  |
| --- | --- |
| **Rabies tag #:** | *Enter text here* |
| **Date rabies shot expires:** | *Enter text here* |
| **Medical/Health Problems:** | *Enter text here* |
| **Medications:** | *Enter text here* |
| **Dosage Instructions:** | *Enter text here* |

Please indicate anything else about your pet’s habits or behavior that would be useful to me in providing care. Consider areas of your home where pets are prohibited, hiding places, location of the following: towels for wet pets, cleaning supplies, waste disposal, etc.

Enter text here

**VISITS:**

**A Standard visit is 30 minutes. All visit times are approximate.** I do my best to visit your pets at the ideal time you would like, but **cannot** offer an exact time. Instead, I guarantee a ninety (90) minute time block for each visit.

**RELEASE:**

In the event that any of my pets appear to be ill, injured, or at significant risk of experiencing a medical problem while in the care of Sandy van de Linde, I give permission to Sandy van de Linde or her designee to seek veterinary service from a veterinarian or a veterinary clinic **only in the event that I am unable to be contacted directly**, I ask Sandy van de Linde to inform the attending clinic of my requested total diagnosis and treatment limit of:

|  |  |
| --- | --- |
| Fill in: $ amount **or** “Unlimited” **or** “I do not authorize” per pet / all pets. | *Enter text here* |

I further authorize Sandy van de Linde and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in the interest of providing the best care for my ill or injured animal(s). I understand that health problems may occur no matter how well a pet is cared for, and I agree to allow Sandy van de Linde to use her best judgment in handling these situations. Additionally, I understand that Sandy van de Linde assumes no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s). I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including any special service fees assessed by Sandy van de Linde for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I certify that all information is accurate and honest. Additionally, I understand that I am responsible to update this information if anything changes with my pets’ health or behavior.

|  |  |
| --- | --- |
| **Client/Owner Name:** | Enter text here |
| **Client/Owner Signature:** | *Enter text here* |
| **Date:** | Enter date here |