***Please fill in as much information as you can. All yellow boxes must be filled in/answered. If it does not apply, leave blank or mark N/A. Hit TAB or arrow keys to move from box to box. Please return completed form via email. We will review this form during our Meet & Greet.***

**General Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name:** | Jamee Van Pelt | **Client Cell Phone:** | 847-494-0067 |
| **Client Address:** | 1651 Brigham Lane, Crystal Lk | **Client Email:** | jameevanpelt@gmail.com |
| **Secondary contact:** | *Scott Van Pelt* | **Secondary Contact Cell:** | . |
| **Pet (species):** | *Dog* | **Breed:** | Goldendoodle |
| **Pet’s Name:** | Linkin | **Sex:** | Female |
| **Color/Markings:** | *White* | **Neutered/Spayed?** | . |
| **Pet Age / Birthdate:** | 1 yo | **Weight (lbs):** | 45 |
| **Microchipped?** | . | **Microchip #** | . |
| **Where are collar, leash, harness located?** | | N/A | |
| **Where is transport crate located?** | | N/A | |
| **Where is waste bag disposed of?** | | N/A | |

**Feeding:**

|  |  |
| --- | --- |
| **What kind of food/s does your pet eat?** | *.* |
| **Amount of food (Cup, Can, Tbls, tsps):** | *.* |
| **Location of food:** | *n/a* |
| **Frequency/time of feeding(s):** | *.* |
| **OK to give your pet treats?** | *.* |

**Traits/Behavior/Physical Activities:**

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

|  |
| --- |
| **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 or hiding places. Location of the following: towels for wet pets, cleaning supplies, waste disposal, etc.** |
| *.* |

***Veterinarian Information:***

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

**Health Issues/Medications:**

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

**Special Instructions i.e., medical notes such as allergies, treats that can/cannot be given)**

**VISITS:**

**All visit times are approximate.** I do my best to visit your pets at the ideal time you would like but **cannot** guarantee an exact time. Instead, I guarantee a sixty (60) 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. | ***.*** |

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:** | . |
| **Client/Owner Signature:** | *.* |
| **Date:** | . |