

2 DOGS PET SERVICES

Pet Care Intake Form

St. Augustine & Palm Coast, Florida | 386-986-7177 | 2dogspetservicesfl@gmail.com

Please complete one form per pet. This form stays on file and should be updated any time something changes.

1. Owner & Pet Identification

Owner / Client Name: _____

Date Completed: _____ Pet's Name: _____

Species (dog, cat, other): _____ Breed: _____

Color / Markings: _____ Sex: _____

☐ Spayed/Neutered ☐ Intact Date of Birth / Age: _____

Weight: _____ Microchip #: _____

2. Veterinary Information

Veterinarian Name: _____

Clinic Name: _____

Clinic Phone: _____ Clinic Address: _____

☐ Current rabies certificate on file Rabies Expiration Date: _____

A copy of current vaccination records is required before service can begin — see your Service Agreement, Section 3.

3. Feeding Instructions

Food Brand / Type: _____

Amount per Feeding: _____ Times per Day & Approx. Times:

Feeding Location / Method (bowl, puzzle feeder, separated from other pets, etc.):

Treats Allowed: _____ Food Allergies / Foods to Avoid:

Water Instructions (bowl location, how often refreshed, etc.): _____

4. Medications & Supplements

☐ No medications or supplements at this time

If your pet takes any medication or supplement, please list each one below.

Medication / Supplement	Dosage	Time(s) Given	How Given (pill, food, etc.)	Reason / Condition	Storage Location

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If a dose is missed, what should we do? _____

5. Health Concerns & Special Needs

Please describe any chronic conditions, mobility limitations, incontinence, cognitive decline (senior pets), seizure history, known allergies, or other health concerns we should be aware of while caring for your pet:

6. Behavior & Temperament

Per your Service Agreement, please fully disclose any history of aggression, reactivity, resource guarding, or escape behavior below.

Energy Level: _____ House-Trained? _____

Behavior around strangers: ☐ Friendly ☐ Cautious ☐ Fearful ☐ Reactive/Aggressive

Behavior around other animals: ☐ Friendly ☐ Cautious ☐ Fearful ☐ Reactive/Aggressive

Behavior around children: ☐ Friendly ☐ Cautious ☐ Fearful ☐ Reactive/Aggressive

☐ Known bite history or resource guarding (please describe below)

☐ Known escape risk / needs extra secure containment (please describe below)

Details on any of the above: _____

Leash Manners: _____ Reliable Off-Leash? _____

Fears, triggers, or anxiety (storms, fireworks, being alone, etc.): _____

Favorite toys / comfort items / things that help them relax: _____

7. Daily Routine

Typical Walk / Exercise Schedule: _____

Potty Break Schedule: _____

☐ Crate trained Crate Location / Instructions: _____

Sleeping Location: _____

Indoor / Outdoor Access & Yard Instructions: _____

8. Grooming

Bathing, brushing, or nail trim needs during your pet's stay: _____

9. Emergency Information

This section is specific to this pet. Your primary emergency contact and veterinary authorization are on file in your Service Agreement — please note anything different for this pet below.

Secondary Emergency Contact (if different from Service Agreement): _____

Carrier / Crate Needed for Evacuation (Florida severe weather plan): _____

Anything else we should know to keep your pet safe and comfortable: _____

10. Acknowledgment

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I agree to notify 2 Dogs Pet Services promptly of any changes to my pet's feeding, medication, health, or behavior information.

Owner Signature: _____ **Date:** _____