

## 2 Dogs Pet Services Intake

Owners Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

\_\_\_\_\_

Home Access Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

Co-Owner Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

NOTE: Please print a separate pet form for each pet in the home.

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Description/Identifying Marks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:    MALE                  FEMALE

Leash walks:                  YES    NO

Spayed/Neutered:    YES                  NO

Microchipped:              YES    NO

House-trained:            YES                  NO

Friendly with dogs:        YES    NO

Friendly with cats:        YES                  NO

Friendly with children:    YES    NO

Energy level:    HIGH    MEDIUM                  LOW

Food Schedule:            AM                  NOON                  PM

Feeding instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Left alone information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reactivity information: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Vet name: \_\_\_\_\_

\_\_\_\_\_

Vet Address: \_\_\_\_\_

\_\_\_\_\_

Vet phone: \_\_\_\_\_

\_\_\_\_\_

Medical information: \_\_\_\_\_

\_\_\_\_\_

***\*Current rabies certificate required***

Additional instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_