



HAPPY WAGS

PET SERVICES

Owner Information

1st Pet Owner:

2nd Pet Owner:

1st Phone Number: _____

2nd Phone Number: _____

Address: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Pet Information

Name: _____

Species: _____

Breed: _____

Special Markings: _____

Age(D.O.B): _____ Sex: _____ Altered: Y/N

Veterinarian: _____

Phone Number: _____

Personality

Does your dog socialize well with other dogs?

- Yes
- No

Has your pet ever bitten anyone?

- Yes
- No

Does your dog pull hard on a lead?

- Yes
- No

Can your dog be allowed off-lead?

- Yes
- No

If your dog is walked off lead, does your dog return on being called?

- Yes
- No

If Yes to any questions above, please provide details

Has your pet ever escaped from the property/garden?

- Yes
- No

If Yes, please provide details

Has your dog ever run away from a walk?

- Yes
- No

If Yes, please provide details

Has your pet ever reacted negatively to a situation?

- Yes
- No

If Yes, please provide details

Has your pet ever shown any aggressive tendencies towards children or adults?

- Yes
- No

If Yes, please provide details

Has your dog ever shown any aggressive tendencies towards another dog or animal?

- Yes
- No

If Yes, please provide details

Health & Grooming

Feeding Instructions:

Is your pet allowed treats?

- Yes
- No

Any known allergies/restrictions:

Please list any special grooming needs your pet needs (ie. brushing, wiping eyes, brushing teeth):

Any chronic illnesses or limitations?

- Yes
- No

If Yes, please provide details

Please list name and strength of medications along with instructions:

Rx 1:

Rx 2:

Rx 3:

Additional Information

Please list any additional information I need to know about pet:

Please list any additional information we need to know about property (ie. trash/recycling day, codes, etc.)
