

PET CARE INFORMATION SHEET (1 PER DOG)

OWNER'S NAME: _____

NAME OF DOG: _____

FEEDING: AM MID PM

FEEDING AMOUNT: (please use exact measurements): _____

DOES YOUR DOG REQUIRE SPECIAL FOOD? YES/NO WHAT KIND: _____

IF YES, YOU MUST PROVIDE THIS FOOD

IN THE EVENT YOUR FOOD RUNS OUT, IS IT OK TO USE OURS? YES/NO (\$5 per feeding)

SEPARATE TO FEED: YES/NO

ARE THEY GRAZERS: YES/NO

MEDICAL:

DATES OF MOST RECENT VACCINATIONS:

BORDETELLA: _____

RABIES: _____

DISTEMPER/PARVO: _____

MEDICATIONS: WHEN/HOW MUCH/FOR WHAT

MAY WE GIVE BENADRYL IF NEEDED? YES/NO For? _____

(ex: allergies, itching, goopy eyes, nervousness, fireworks, thunderstorms)

ANY NON-ROUTINE VET VISITS: YES/NO WHEN? _____ WHY? _____

FOOD ALLERGIES

OTHER ALLERGIES

JOINT ISSUES/ARTHRITIS

SKIN ISSUES

BACK ISSUES

HEART ISSUES/DISEASE

DEAFNESS

BLINDNESS

SEIZURES

DIABETES

PAST SURGERIES

EAR INFECTIONS

HEAT CYCLE

DEHYDRATION

BLOAT

KIDNEY/LIVER ISSUES

OTHER ISSUES: _____

DETAILS OF THE ABOVE CHECKED:

DOES (HAS) YOUR DOG LICK OR CHEW ITSELF UNTIL SORE OR BLEEDING? _____

DOES YOUR DOG HAVE BACK OR STANDING ISSUES? _____

BATH OR GROOM:

FOR DOGS THAT BOARD, ALL DOGS RECEIVE A BATH UPON ARRIVAL. ALL BATHS INCLUDE BLOW DRY, NAIL TRIM, AND EAR CLEANING.

DOES YOUR DOG HAVE ANY ISSUES WITH ANY OF THESE PROCEDURES?

SOCIALIZATION:

IS YOUR DOG ABLE TO PLAY WITH OTHER DOGS? YES/NO (must circle one)

DESCRIBE PLAY STYLE:

PERSONALITY/TRAITS:

IN STRESSFUL/NEW SITUATIONS, HOW DOES YOUR DOG REACT?

HOW DOES YOUR DOG REACT TO STRANGERS? _____
GROWL HIDE JUMP BITE WET/COWER OTHER _____

DOES YOUR DOG SHOW AGGRESSION AT ALL? _____

WITH PEOPLE? _____

WITH OTHER DOGS? _____

WITH PERSONAL SPACE? _____

WITH FOOD? _____

WITH TOYS? _____

WILL YOUR DOG CHEW AND EAT RANDOM OBJECTS? (bedding, furniture, wood, toys, etc)

DOES YOUR DOG EAT FECAL MATTER? _____

DOES YOUR DOG HAVE ANXIETY? YES/NO IF SO, WHAT CAUSES IT _____
(if medication is ever needed for this, please note in **MEDICAL** area)

DO YOU HAVE ANY CALMING TECHNIQUES? _____

DOES YOUR DOG HAVE ANY ESCAPE TACTICS? CLIMBING DIGGING JUMPPING CHEWING

OTHERS: _____

LOVE MY DOG WANTS TO TAKE THE BEST CARE OF YOUR DOG. IT IS IMPORTANT TO US THAT WE HAVE AS MUCH INFORMATION AS POSSIBLE TO BETTER CARE FOR YOUR DOG. PLEASE NOTE BELOW ANY OTHER INFORMATION THAT YOU FEEL IS IMPORTANT OR NECESSARY THAT WE SHOULD HAVE KNOWLEDGE OF. KEEP IN MIND THAT INFORMATION THAT MAY SEEM USELESS OR EMBARRASSING MAY BE VITAL TO US AT SOME POINT. THANK YOU FOR YOUR TIME AND WE LOOK FORWARD TO SPENDING TIME AND GIVING LOVE TO YOUR DOG WHILE VISITING LOVE MY DOG.

NOTES: _____

OWNER HEREBY AGREES AND ATTESTS THE ABOVE IS FULL AND CORRECT TO THE BEST OF OWNER'S KNOWLEDGE.

OWNER NAME: _____ DATE: _____

SIGNATURE: _____

(ALL CHANGES MUST BE INITIALED BY OWNER)

EMPLOYEE'S NAME RECEIVING INFORMATION: _____

DATE RECEIVED: _____