

## Pet Bus Transportation – Dog Intake & Owner Information Form

*Please complete one form per dog. This information helps us ensure the safety, health, and comfort of your pet while using our transportation services.*

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### Owner Information

- **Owner Full Name:** \_\_\_\_\_
  - **Home Address:** \_\_\_\_\_
  - **City / State / ZIP:** \_\_\_\_\_
  - **Primary Phone Number:** \_\_\_\_\_
  - **Secondary Phone Number (optional):** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Emergency Contact Name & Phone:** \_\_\_\_\_
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### Dog Information

- **Dog's Name:** \_\_\_\_\_
  - **Date of Birth (DOB):** \_\_\_\_\_
  - **Age:** \_\_\_\_\_
  - **Breed:** \_\_\_\_\_
  - **Sex:**  Male  Female  Neutered  Spayed
  - **Weight (approx.):** \_\_\_\_\_
  - **Color / Identifying Marks:** \_\_\_\_\_
  - **Microchipped?**  Yes  No
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### Health & Veterinary Information

- **Veterinarian Name:** \_\_\_\_\_
- **Veterinary Clinic Name:** \_\_\_\_\_

- **Vet Phone Number:** \_\_\_\_\_
- **Is your dog up to date on vaccinations?**  Yes  No
  - If yes, date of last vaccination: \_\_\_\_\_

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### Allergies & Medical Conditions

- **Food allergies (list all):** \_\_\_\_\_
- **Environmental or medication allergies:** \_\_\_\_\_
- **Medical conditions or special needs:** \_\_\_\_\_
- **Medications currently taking (if any):** \_\_\_\_\_

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### Behavior & Temperament

- **Is your dog friendly with other dogs?**  Yes  No  Sometimes
- **Has your dog ever shown aggression?**  Yes  No
  - If yes, please explain: \_\_\_\_\_
- **Does your dog experience anxiety during travel?**  Yes  No
- **Triggers we should be aware of (e.g., loud noises, strangers):** \_\_\_\_\_

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### Feeding & Handling Instructions

- **Preferred food / treats:** \_\_\_\_\_
- **Feeding restrictions:** \_\_\_\_\_
- **Can we give treats?**  Yes  No
- **Leash, harness, or collar type:** \_\_\_\_\_

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### Transportation & Service Preferences

- **Pickup Address (if different from home):** \_\_\_\_\_
- **Drop-off Location:** \_\_\_\_\_

- Preferred Pickup Days:  Mon  Tue  Wed  Thu  Fri
  - Preferred Pickup Time Window: \_\_\_\_\_
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### Emergency Authorization

I authorize **[Pet Bus Business Name]** to seek emergency veterinary care for my dog if deemed necessary while in transport. I understand that I am financially responsible for any emergency treatment.

- Owner Initials: \_\_\_\_\_ Date: \_\_\_\_\_
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### Liability & Acknowledgment

I confirm that the information provided is accurate and complete. I understand that **[Pet Bus Business Name]** is not responsible for illness, injury, or incidents resulting from undisclosed conditions or behaviors.

- Owner Signature: \_\_\_\_\_
  - Date: \_\_\_\_\_
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### For Office Use Only

- Client ID: \_\_\_\_\_
- Notes: \_\_\_\_\_