



*\*Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Owner/Dog Name: \_\_\_\_\_ Male / Female Spayed / Neutered

Microchipped:  Yes  No Chip Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Colors/Markings: \_\_\_\_\_ Leash/Collar Description: \_\_\_\_\_

Caged / Run of house / Outdoors / Limited to: \_\_\_\_\_

Feeding Time: \_\_\_\_\_ Treats: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

What commands does your dog know:

Sit  Give Paw Other: \_\_\_\_\_

Stay  Play Dead Other: \_\_\_\_\_

Beg  Roll Over Other: \_\_\_\_\_

Walk Route: \_\_\_\_\_

Location of leash/walk pointers: \_\_\_\_\_

Favorite Toys/Games: \_\_\_\_\_

Precautions (other dogs, people, scared of): \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

*\*This form will be kept on file for all future visits. If anything changes, you will remark so on the vacation/trip log at each visit booking.*

I, \_\_\_\_\_, have entered the above information as truthfully and accurately as possible.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date