

Loyal Canine Yacht Club Pet Care Paperwork



Exercise:

Pet Name:	Daily walks?
Breed:	Play time?
DOB:	Other:
Sex (M/F)Neutered (Y/N)	
Microchip No	
Other ID:	Tricks:
Identifying Marks:	3. 3.
Wateringrien Information:	
Neterinarian Information:	SitStayCome
Facility	HeelOff
Facility	Other
Name:	How are commands given?
Dr. Name:	Favorite toys?:
Address:	
	Behavioral Traits:
Phone:	
E-Mail:	Agressive (Y/N)?
	If yes when?
	, and the second
Boarding Facility/ Pet Sitters:	Protective (Y/N)?
	Fears and/or anxieties?
Nome	
Name:	Children okay?:
Address:	Allowed outside?
Dhana	Furniture access?
Phone:	Other unique traits:
E-Mail:	
0.	Where does your pet sleep?
Grooming Information:	
arounting Injurnation.	
	Feeding Schedule:
Groomer:	Food brand &
Address:	type:
	•
Phone:	Feeding schedule:
E-Mail:	Amount fed:
Frequency:	Treat type:
Grooming Notes:	No of treats/day:
·	Supplements:
	Food allergies:
	Other:



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Emergency Care Instructions:

Should my pet become seriously ill or

die what are your wishes?



Vaccine Records:

Please list date given/next due

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Rabies:/	
DAPP:/	
Bordetella:/	
Heartworm:/	Who would make decisions if you cannot be
Fecal:/	contacted?
Checkup:/	oontacted.
Blood work:/	
Dental:/	
Medications: Heartworm/flea control brand:	Owner Information:
	Name(s):
	Address:
Condition:	
Medication:	Phone:
Dosage:	E-Mail:
Condition:	Emergency Contact:
Medication:	
Dosage:	Name:
	Address:
Condition:	
Medication:	Phone:
Dosage:	E-Mail:
Health insurance (Y/N)?	Caregiver:
Carrier:	
Policy No.:	
Phone:	Nama
Any special care instructions?	Name:Address:
	Phone:
	E-Mail:



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Pictures - please post pictures of your pet and yourself for identification purposes: