

Wags & Barks Over Night Form



General Information

Owner(s) Name: _____ Dog's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Breed: _____ Age: _____

Emergency Contact Information (other than yourself)

Name: _____ Contact # _____ Relation: _____

Name: _____ Contact # _____ Relation: _____

Medical/Health Information

Veterinarian: _____ Phone# _____

Describe any medical/health issues we need to be aware of (seizures, heart problems, hips, injuries):

List any known allergies: _____

Does your dog take any Medications? No Yes – Please list: _____

Is your dog Microchipped? No Yes – Mircochip # _____ Brand: _____

About Your Dog

What brand of food do you feed your dog? _____ How Much? _____

Is your dog housed trained? _____ Do you use a "potty" word? _____

Is your dog crate trained? _____ Comfort Level? _____ Bedding in a crate? _____

Does your dog like cats? _____ Explain: _____

List favorite things: _____

List any fears and dislikes: _____

Schedules/Habits: _____

Issues/Things to Know (eats stuffy toys, chews through leashes, won't potty on a walk, ect.):

