

Pawsmere Pet Retreat Ilc

Your Dog's Home Away from Home!

Please use this page for Information on Dog #2

Dog#2 Information:

Vaccination Records Sent: YES _____ NO _____

Dog's Name: _____ Breed: _____

Male _____ Female _____ Birth Date/Age: _____ Pet's weight: _____ lbs.

Spayed/Neutered? YES _____ NO _____ At what age? _____

Distinguishing marks/coloration: _____

Flea & Tick Medication Name: _____ Applied Date: _____

Microchip Number and Information: _____

Has dog ever been boarded or attended day play? YES _____ NO _____

Does Dog(s) have any history of aggressive behavior, growling, snapping, biting or attacking anyone or other animals? YES _____ NO _____

If yes, please explain: _____

How does your dog react to being crated or confined? _____

Does any of your dog(s) have any Fears or Separation Anxiety e.g. Lighting or fireworks?

YES _____ NO _____ If Yes, Please List _____

Has your dog ever climbed or jumped a fence? YES _____ NO _____

Have you ever left your dog alone or with unfamiliar people before? YES _____ NO _____

Has dog ever stayed in a boarding facility before? YES _____ NO _____

Feeding/Food Instructions (Dog #2):

Name of Dog's Food: _____

What time is normal feeding times? AM _____ Mid-Day _____ PM _____

How much dry food per day?

AM Feeding:

Mid-Day Feeding:

PM Feeding:

Amount: _____

Amount: _____

Amount: _____

How much wet canned food per feeding?

AM Feeding:

Mid-Day Feeding:

PM Feeding:

Amount: _____

Amount: _____

Amount: _____

Can (dog #2) have Treats? YES _____ NO _____

Does (dog #2) have any allergies or food sensitivities? YES _____ NO _____

If yes, Please Explain? _____

Any special request for (dog #2) while in our care? YES _____ NO _____

If yes, Please Explain? _____

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Medication Administration Form

Please fill out Information below if Dog #2 requires medication or a supplement while in our care.

1) Medication/Supplement

Prescribing Veterinarian: _____

Medication Name: _____ Dose (mg/ml): _____

of Pills or Liquid (ml) @ Drop-Off: _____ Ointment: _____

For what condition/ailment is the pet receiving this medicine for? _____

Medication/Supplement Dosage Instruction:

AM Medication: _____ Mid-Day Medication: _____ PM Medication: _____
Amount: _____ Amount: _____ Amount: _____

When did the pet have this Medication last? _____

Instructions same as Bottle? YES _____ NO _____

If no Please explain, why: _____

Is there a special way to give your pet it's medication (i.e. pill pocket, wrapped in wet food etc.)? _____

2) Medication/Supplement

Prescribing Veterinarian? _____

Medication Name: _____ Dose (mg/ml) _____

of Pills or Liquid (ml) @ Drop-Off: _____ Ointment: _____

For what condition/ailment is the pet receiving this medicine for? _____

Medication/Supplement Dosage Instruction:

AM Medication: _____ Mid-Day Medication: _____ PM Medication: _____
Amount: _____ Amount: _____ Amount: _____

When did the pet have this Medication last? _____

Instructions same as Bottle? YES _____ NO _____

If no Please explain, why: _____