

Pawsmere Pet Retreat llc

Your pet's home away from home!

Please use this page for Information on Pet #2

Pet #2 Information:

Vaccination Records Sent: YES _____ NO _____ Dog / Cat / Pocket Pet

Pet'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 Pet ever been boarded or attended day play? YES _____ NO _____

Does Dog(s) or pet(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 Pet react to being crated or confined? _____

Does any of your pet(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 pet ever stayed in a boarding facility before? YES _____ NO _____

Feeding/Food Instructions (Pet #2):

Name of Pet'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 (Pet #2) have Treats? YES _____ NO _____

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

If yes, Please Explain? _____

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

If yes, Please Explain? _____

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Medication Administration Form

Please fill out Information below if Pet #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: _____