



Pet Information:

Dog's Name: _____ Breed: _____

Gender: _____ DOB: _____ Color: _____

Microchipped: Yes No Neutered/Spayed: _____

Emergency Contact (Name and Phone): _____

(In the Event of an Emergency we require an **alternate contact in addition to the Owner**)

Other Person(s) authorized to pick up pet(s): (Pets will only be released to Owner, except those authorized below)

Name and Phone 1) _____

2) _____

Veterinarian: _____ Vaccine History: Copy Present: _____

Flea/Tick Preventive: Brand and last date applied: _____

Medical/Behavior Conditions: _____

Medication and Directions:

1) _____

2) _____

3) _____

4) _____

Your Pet ever Bitten or Scratched any Person or animal? _____

(if yes please explain) _____

Is your Pet Food/Toy protective? Yes No Explain: _____

Does Your Pet Chew or Tear Up Bedding or Other? Yes No Explain: _____

Fence Jumper: _____

Other Special Needs/Comments: _____

Feeding Instructions:

Brand of Food: _____ Serving Size: _____ How Often: _____

Do you leave food out all the time: _____

Can your dog have treats while staying with us? Yes No

Food Allergies: _____

Can your dog have peanut butter? Yes No

Can your dog have homemade chicken broth on food (if needed to help eat)? YES NO