



Owner Information:

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ If referred, by who? \_\_\_\_\_

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) \_\_\_\_\_

Pet Information:

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Color: \_\_\_\_\_

Microchipped: Yes No Neutered/Spayed: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Vaccine History: Copy Present: \_\_\_\_\_

Flea/Tick Preventive: Brand and last date applied: \_\_\_\_\_

Medical/Behavior Conditions: \_\_\_\_\_

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Medications and Directions:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

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