

PET PROFILE SHEET

General Information

Today's date: _____

Your Name/Address: _____

Your E-Mail: _____

Phone Number(s):

HOME _____ CELL(s): _____

_____ WORK: _____

Alternate Contact

Name: _____

Home Phone: _____ Cell: _____

Emergency Contact if not able to get in touch with you? Name _____

Number: _____

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PET Information

Pet(s) Name: _____

Birthdate/Age: _____

Breed: _____

Sex: Male ___ Neutered? Yes ___ No ___

Female ___ Spayed? Yes ___ No ___

Veterinarian: _____

Phone

Number: _____

Allergies: Yes ___ NO ___. If yes please

explain: _____

Medical Conditions: (If

Any) _____

Medications:

Time of day administered: List each medication separately with dosage amounts if applicable)

Feeding

Type of food your dog eats:

Time of day your dog eats:

Amount given at feedings:

Special Feeding

Instructions:

Does your dog eat food immediately and completely? Yes ___ NO ___ Explain if necessary

Is your dog allowed treats? Yes _____ NO _____

Is there a certain time your dog expects a treat?

Traits

Is your dog friendly with other dogs/cats? Yes ___ NO ___ If no, please explain

Does your dog like adults and or children? Yes ___ NO ___ If no, please explain

Is your dog prone to digging or chewing? Yes___No___ If yes, please explain_____

Has your dog bitten another dog or person in the past? Yes___No___ If yes, please explain_____

Has your dog ever been crated? Yes___No___
Does your dog have any food or toy aggressions? Yes___No___ if yes, please explain_____

What kind of exercise is your dog used to on a daily basis?_____

Is it okay to take your dog for walks? Y? N? Does your dog pull when on walk?_____

Is there anything you feel I need to know about your dog to make your dogs stay a more comfortable one? Any commands you use?_____

By signing this contract form I acknowledge that the above information is true and current with today's date.
Clients
Signature_____Date_____
