



Pet Information Sheet

Owner Name/Dog Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ Microchip?: \_\_\_\_\_

Breed: \_\_\_\_\_ Current on vaccinations? \_\_\_\_\_

Instructions for feeding: \_\_\_\_\_

Exercise/Play schedule: \_\_\_\_\_

Nicknames/Favorite Toys: \_\_\_\_\_

Anything we can do to make your dog more comfortable? \_\_\_\_\_

\_\_\_\_\_

Health Concerns: \_\_\_\_\_

Behavior Concerns (aggression towards other animals? Children?) Please explain:

\_\_\_\_\_

\_\_\_\_\_

Commands your dog knows: \_\_\_\_\_

Do you prefer your dog to be walked on-leash or off-leash. Please elaborate:

\_\_\_\_\_

Location of Leash/Food/Cleanup Bags, etc.

\_\_\_\_\_

\_\_\_\_\_

Client signature/Date