



DOG INFO SHEET

Name:	
Phone:	
Pets:	

***Please fill out one form for each cat so that we may provide the best possible care for your pet. Thank you.**

DOG INFORMATION:

Name:	
Gender	<input type="radio"/> Male <input type="radio"/> Female
Spayed/Neutered:	<input type="radio"/> YES <input type="radio"/> NO
Pet has current vaccinations:	<input type="radio"/> YES <input type="radio"/> NO
Pet has current flea & tick treatment:	<input type="radio"/> YES <input type="radio"/> NO
Breed:	
Colors/Markings:	
Caged/Run of House/Outdoors/ Limited to:	
Feeding Time(s):	
Treats (Brands/Location):	
Feeding Instructions:	

WHAT COMMANDS DOES YOUR DOG KNOW?

<input type="checkbox"/> Sit	<input type="checkbox"/> Paw/Shake	<input type="checkbox"/> Stay	<input type="checkbox"/> Play Dead	<input type="checkbox"/> Beg
<input type="checkbox"/> Down	<input type="checkbox"/> Off	<input type="checkbox"/> Heal	<input type="checkbox"/> Roll Over	<input type="checkbox"/> Drop it

Other Commands:

Walk Route:

Location & description of leash/harness/collars:

Favorite Toys/Games:

Precautions (other dogs, people, scared of):

Anything else I should know:

I, _____, have entered the above information as truthfully and accurately as possible.

Client's Signature	Date