

PET AND OWNER'S INFORMATION

Pet information:

Pet 1

Dog's Name:

Dog's DOB:

Breed:

Sex:

Spayed / Neutered?

Medications:

Date of last vaccination:

Owners signature:

Pet 2

Dog's Name:

Dog's DOB:

Breed:

Sex:

Spayed / Neutered?

Medications:

Date of last vaccination:

Owners signature:

Owner's Information:

Full name:

Address:

Phone Number:

Email Address:

Work Number:

Emergency Contact:

Emergency Number:

Second Contact? Yes / No

Second Contact Name:

Second Contact Phone Number:

Key / Passcode / Access Device given? Yes / No

Given Date:

Supplemental Information:

Where do you keep the lead / collar / harness?

What room does the dog stay in?

How does the dog walk off the lead?

How does the dog react to commands?

How does the dog behave in the car?

How does the dog react to people and children?

How does the dog react to cyclists / joggers?

How does the dog react to other dogs?

How does the dog react to livestock / cats etc?

Has the dog shown any signs of aggression?

Is there anything specific which unsettles / spooks them?

Is the dog allowed treats?

Does the dog have a favourite toy or games?

Additional information? continue below: