



OWNER'S INFORMATION SHEET

Name: _____

Address: _____

Post Code: _____

Home Number: _____

Work Number: _____

Mobile Number: _____

In case of Emergency please call:

Name: _____

Phone number: _____

Email Address: _____

Pet's Name(s) 1. _____
 2. _____
 3. _____



PET CARE INFORMATION SHEET

Name of Pet: _____
Breed Of Dog: _____ M/F? _____
Spayed/Neutered? _____
Age: _____ D/O/B(If Known) _____
When are your pet's vaccinations next due?
Regular Vaccines: _____
Kennel Cough Vaccine: _____

Please list any current health problems or concerns you may have with your pet:

Is your pet on any medication or is having at home vet care? If so please list medications and instructions for care:

Please name the veterinarian that you use and their contact information:

Microchip, Tattoo, or Dog Tag Number:

Have you supplied your own food? Y____N_____ Name of food:

Please note there is an extra charge if I provide the food

How many times a day do you feed your pet? _____ per day Amount:

Does your pet have food allergies or any snacks or foods he/she is NOT allow to have?

(ie. Pig ears, raw hides etc)

What kinds of activities does your pet like to do (ie: play fetch, Frisbee, balls, chew toys, swimming)

How often do you walk your dog and for how long? _____minutes/walk

Is your pet house trained? Y/N or in training? Y/N Crate trained? Y/N

Have you ever boarded your pet before? Y/N

Has your dog ever bitten another dog or human? _____

Is your dog vocal when he plays with other dog? Y/N

My Pet is:

___ Good with ONLY older children

___ Is afraid of loud noises

___ Good with small children

___ Rides well in a vehicle

___ Good with all children

___ Needs to be crated in a vehicle

___ Good with cats

___ Does not ride well with in a vehicle

___ Not good with cats

___ Is a chewer and can destroy things

___ Good with other dogs

___ Will use a dog house

___ Not good with other dogs

___ Is a barker

___ Likes affection whenever its give

___ Likes affection on his/her terms

___ Is ok with brush grooming

___ Spends most of the time inside

___ Is ok with bathing(if applicable)

___ Spends most of the time outside alone

___ Walks well on a leash

___ Is afraid of thunder

___ Needs more training on a leash

___ Is unsure of strangers

___ Can be nippy

___ Is a digger and will dig holes

___ Is a jumper and will jump out of a run/fence

My dog is good off leash: _____ Yes _____ No

My dogs will need to be fed separately: _____ Yes _____ No

My dogs will need to be crated separately: _____ Yes _____ No

I prefer that my dogs are crated separately: _____ Yes _____ No

What commands does your pet respond too? (stay, off, sit, etc)

If there is anything else you could like me to know about your pet please use the space below. Please also include your pet's daily routine and schedule.
