Dog Info sheet (updated Nov 2022)

(Please fill out a separate form for each pet)

Pet's name:		DOB	
Male/neutered or Female/spayed (please circle)	Breed:		
Color/distinctive markings:			

How do you describe your pet's personality? How are they with other dogs?

Location of food/treats/leashes/jackets_____

What food do you feed, wet and/or dry, how much of each and when do they typically eat?

Does your pet have any health problems?_____If so, please list what diagnosis or symptoms that they have, feel free to write on the back of this sheet_____

Is your pet taking any medication including flea/tick preventative? Please include name of meds as well as the amount and frequency of each given_____

How easy is it to administer	medication to your pe	et and what is the	preferred method?	What do
they NOT like?				

Is your pet up to date on vaccinations? Is there any vaccination that they do not have on board due to medical reasons or age?

Rabies ID#:

Are they licensed with the town?	license number_	
Is your pet microchipped?	registration number?	
What are your pet's favorite toys?	l?	

What are your pet's favorite walking routes? Can they go for car rides?_____

Electric Fence ONLY: please show us the boundaries, as well as the commands and spots to go in and out of the fence line._____

Please tell us what makes your pet extra special as well as any phobias that would be helpful to know while they are under our care!_____