

Hello my name is... _____

Owner Name:

Phone:

Email:

Address:

Emergency Contact Name and Phone:

Breed:

Age/ DOB:

Microchip #:

Vet Contact Information (name & phone number):

Medical Conditions:

Medications (name & administration schedule):

Allergies:

Neutered/ Spayed: Yes No

Aggression Triggers, ie: Food, Leash, Pet etc:

When I am not home, my dog is: Free Roam In a Kennel

Bedtime Routine:

Afraid of Storms: Yes No

Escape Artist: Yes No

My potty Schedule: 2xday 3xday 4xday Other

Where to dispose of waste:

Walking: Short Walks (10 minutes) Long Walks (30 minutes) Dog Park

Car Rides: I enjoy car rides I do not enjoy car rides

Play Time- I enjoy (check all that apply)

Fetch Tug of war Outdoor Play Time Frisbee

Kong/Food Dispensing Toy Water Play Scavenger Hunt

Other

Food (preferred brand & amount):

Feeding Schedule:

Treat Preferences:

Know Basic Commands: Yes No

Additional Information:

