



# PET INFORMATION DOG

(One per Page!)

Client's Last Name: \_\_\_\_\_

This Pet's Name: \_\_\_\_\_

Breed/Coloring: \_\_\_\_\_

Hillsborough County Tag #: \_\_\_\_\_

Neutered/Spayed? \_\_\_Yes \_\_\_No    Micro-chipped? \_\_\_Yes \_\_\_No    Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Food location: \_\_\_\_\_ Location for feeding: \_\_\_\_\_

Feeding Times and Amounts: \_\_\_\_\_

Food preparation details: \_\_\_\_\_

Supplements/medications (name, dose, frequency, where stored): \_\_\_\_\_

Allowed treats? \_\_\_Yes \_\_\_No    How many per day? \_\_\_\_\_    Where are they? \_\_\_\_\_

Location of dog when we enter home: \_\_\_\_\_

Location of dog between our visits: \_\_\_\_\_

Location of dog at night: \_\_\_\_\_

Temperament around humans: \_\_\_\_\_

Temperament around other animals: \_\_\_\_\_

Favorite forms of affection: \_\_\_\_\_

Favorite type of exercise/playtime: \_\_\_\_\_    Favorite toy: \_\_\_\_\_

Commands obeyed: \_\_\_\_\_

Is this dog trained to walk on a leash? \_\_\_Yes \_\_\_No    Does he/she pull? \_\_\_Yes \_\_\_No

Has this dog ever "backed out" of a collar? \_\_\_Yes \_\_\_No    Where is his/her leash? \_\_\_\_\_

*Please provide a regular 4-6 foot leash and appropriate collar/harness for your pet. We do not walk dogs on a retractable leash.*

Is this dog an "escape artist"? \_\_\_Yes \_\_\_No    Has this dog ever bitten anyone? \_\_\_Yes \_\_\_No

Has this dog been declared a "Vicious Dog" by Hillsborough County Animal Services? \_\_\_Yes \_\_\_No

What would happen if this dog got loose? \_\_\_\_\_

Is this dog under voice control? \_\_\_Yes \_\_\_No    Crate trained? \_\_\_Yes \_\_\_No

Where is this pet's travel crate/carrier? \_\_\_\_\_

Has this dog had any broken bones? \_\_\_Yes \_\_\_No    Weak Joints or Dysplasia? \_\_\_Yes \_\_\_No

Does this dog have allergies or health concerns? \_\_\_Yes \_\_\_No    If Yes, please give information:

\_\_\_\_\_  
\_\_\_\_\_