



Pet Information Sheet

(addendum to service contract)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address _____

Emergency Contact Information (in case we can't get in touch with you)

Name: _____ Phone: _____

Pet Information

Pet Name: _____ Male Female Spayed/Neutered

Breed: _____ Age: _____

Veterinarian: _____ Phone: _____

Does your pet have any past or current injuries or conditions? Yes No

Please describe: _____

Are medications required?: Yes No, If "yes" what kind and how often?: _____

Dogs Only

continue answers on back if more room is needed

1. Is your dog: house trained, crate trained, obedience trained: _____

2. Where does your dog sleep? crate, with me, in my room, elsewhere: _____

3. Does your dog bark a lot? Yes No, if "yes" provide details: _____

4. Is your dog frightened by anything (noises, sights, etc.)? _____

5. Does your dog play well with: **other dogs?** Yes No **cats?** Yes No

6. Please provide details of any injuries by or to other dogs or cats: _____

7. Does your dog guard: **food?** Yes No Don't Know **toys?** Yes No Don't Know

fences? Yes No Don't Know, comments: _____

8. How does your dog react to strangers? Happy No Reaction Cautious Defensive

9. Rate your dog's energy level (1 = mellow to 10 = ultra-high energy) _____

10. Has your dog bitten anyone? Yes No, if "yes", provide details: _____

11. Has your dog jumped or climbed a fence? Yes No, if "yes", how high? _____

The above statements are true to the best of my knowledge.

Signature of Owner: _____ Date: _____