

PET INFORMATION

Pet's Name: _____

Eating Habits:

1x/day feeding _____ 2x/day feeding _____ Eats at will _____

Special dietary needs _____

Is pet allowed special treats? Yes _____ No _____

Owner providing food _____ Kennel providing food _____

Activity Information:

Plays well with other pets: Yes _____ No _____ Unsure _____

Leash trained: Yes _____ No _____ Work in progress _____

Please list any items pet brought from home: _____

Special Needs:

If pet is on medication, please list medication and times to be given. Ensure all medication is properly labeled with name, medication, dose and instructions.
