



PET INFORMATION SHEET

PLEASE COMPLETE THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. THIS FORM AND VACCINATIONS ARE REQUIRED BEFORE YOUR PET CAN STAY WITH US. THIS INFORMATION WILL HELP US MAINTAIN A SAFE AND FUN ENVIRONMENT FOR ALL GUESTS.

PLEASE TAKE A FEW MOMENTS TO TELL US ABOUT YOURSELF AND YOUR BEST FRIEND. THANK YOU!

ALL PETS MUST HAVE VALID VACCINATIONS AT CHECK IN PLEASE

PARENT CONTACT INFORMATION

PARENT #1: _____ PHONE #: _____

EMAIL ADDRESS: _____

PARENT #2: _____ PHONE #: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____

PET PROFILE

PET NAME: _____ BREED: _____

DOB: ___/___/___ SEX: **M** **F** ALTERED: **YES** **NO** COLOR: _____

WEIGHT: _____ ALLERGIES: _____

PET NAME: _____ BREED: _____

DOB: ___/___/___ SEX: **M** **F** ALTERED: **YES** **NO** COLOR: _____

WEIGHT: _____ ALLERGIES: _____

FOOD/MEDICATION: INDICATE THE AMOUNT YOUR PET IS FED / HOW MANY TIMES A DAY.

BREAKFAST(AM)		LUNCH		DINNER (PM)		ANYTIME(FREE FEED)	
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FOOD BRAND: _____ Known sensitivities or allergies? _____

MEDICATIONS: _____

What is the medication treating? _____

IF MEDICATION NEEDS TO BE ADMINISTERED, WE WILL DO SO AT AN EXTRA COST PROVIDED THAT ALL MEDICATION IS LABELED WITH INSTRUCTIONS AND VETERINARY NAME INCASE OF EMERGENCY.

BEHAVIOUR

HOW DOES YOUR PET(S) INTERACT WITH OTHERS? SOCIAL OR ALONE PLAY?

HAS YOUR PET(S) EVER SHOWN AGGRESSION? (EX: FOOD, PEOPLE, OTHER DOGS, CATS OR ANIMALS)