



Your Dog's Home Away From Home

PET INFORMATION

*Please note, for the health and safety of all the dogs in our facility, proof of current vaccine records (dhpp, bordatella, rabies) must be provided for all dogs staying for grooming or daycare services. No exceptions.

PET NAME _____

BREED _____ COLOR _____ BIRTHDATE _____

GENDER Male/Neutered Female/Spayed

HEALTH

Diet Restrictions _____

Allergies/Medical Problems _____

Is your dog on any medications? Please provide name(s) and dosage(s).

Is your dog on a flea prevention program? What brand? Last dose?

Has your dog been sick recently? If yes, when, and what was the treatment? _____

BEHAVIOR

How does your dog react to new people/dogs? _____

Does your dog have any sensitive areas on his/her body that he/she doesn't like touched?

Is your dog overly frightened or nervous about anything? _____

How does your dog react to others when you're out on a walk? _____

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