

**Emergency Contact Information**

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Pet's Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Breed: \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Spayed \_\_\_\_ Neutered \_\_\_\_ Intact \_\_\_\_

Veterinarian Hospital: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Behavior**

Has your pet(s) ever bit another dog? \_\_\_\_\_

if yes, please describe

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Has your pet(s) ever bit another person? \_\_\_\_\_

if yes, please describe

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Does your pet(s) resource guard? \_\_\_\_\_

if yes, please describe

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Has your pet(s) jumped or attempted to jump a fence? \_\_\_\_\_

**Diet & Medication**

Does your pet(s) have any food allergies? \_\_\_\_\_

if yes, please describe \_\_\_\_\_

Food brand: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

\_\_\_\_\_

Medications: Yes \_\_\_\_ No \_\_\_\_

if yes, please list all medications and quantity

\_\_\_\_\_ morning: \_\_\_\_ afternoon: \_\_\_\_ evening: \_\_\_\_

\_\_\_\_\_ morning: \_\_\_\_ afternoon: \_\_\_\_ evening: \_\_\_\_

\_\_\_\_\_ morning: \_\_\_\_ afternoon: \_\_\_\_ evening: \_\_\_\_