



Pet Information – Additional Pet Same Owner

Please fill out one form for each additional pet in your family.

Owner's Name (First, Last) _____ Pet's Name _____
 Breed _____ Age _____ Sex _____ Spayed or Neutered? Yes N
 Color _____ Weight _____
 Veterinarian _____ Phone _____

FEEDING

- **Feeding Schedule (please circle):** AM / Noon/ PM / Both **Type?** Dry / Canned / Both
Approximate Serving Size: _____ **Special Instructions?** _____
- Brand of Food To Feed : House Adult Sensitive Tummy Own
- May we feed your dogs in the same suite? Yes No (circle one)
If not, why not? They may fight Steal food Special Diet Other
- May we add extras to your pet's food? (chicken broth, canned food, etc) Yes No
Please individually pack all portions for your pet's visit.

MEDICAL HISTORY

- Medical problems or traits we should be aware of? _____
- Medications during stay:
 1. _____
 2. _____
 3. _____
- Can your pet have treats? Yes No If no, why not? _____
- Does your pet have any allergies? Yes No If yes, to what? _____

GENERAL PET INFORMATION

- Has your dog ever bitten a human? _____ Another dog? _____
- Would you call your dog an escape artist (jumps fences, undoes locks, etc.)? Yes No
 If yes please describe: _____
- How does your dog act around other dogs? (**circle all that apply**)

Extremely Playful	Somewhat playful	Prefers to be left alone
Plays roughly	Mounts while playing	Shy Fearful
Barks at other dogs	Shy at first, but warms up quickly	Submissive (rolls over)
Likes big dog	Likes small dogs	Not good with small dogs
Dominant/wants to be in charge	Aggressive	Prefers people

Anything to add? (likes, dislikes, fears, chewing, habits, play style? (use back if necessary))

Forms can be faxed ahead of time to (530) 582-5850