

Wagtime

Dog Information Sheet

**Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Owner/Dog Name: _____ Male / Female Spayed / Neutered

Pet has current vaccinations? Yes No Pet had current flea & tick treatment? Yes No

Breed: _____ Colors/Markings: _____

Caged / Run of house / Outdoors / Limited to: _____

Feeding Time(s): _____ Treats (Brands/Location): _____

Feeding Instructions: _____

What commands does your dog know?

Circle: Sit Paw/Shake Stay Play Dead Beg Down Off Heal Roll Over Drop it Leave it

Other: _____

Walk Route: _____

Location & description of leash/harness/collars:

Favorite Toys/Games: _____

Precautions (other dogs, people, scared of): _____

Anything else we should know: _____

**This form will be kept on file for all future visits. If anything changes, you will remark so on the vacation/trip log at each visit booking.*

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date