Owner Information

Primary Owner - Full Name:
Primary Owner - Address:
Primary Owner - Phone:
Primary Owner - Email:
Secondary Owner - Full Name:
Secondary Owner - Phone:
Secondary Owner - Email:
Emergency Contact - Name & Relationship:
Emergency Contact - Phone:

Veterinarian Information

Clinic Name:
Veterinarian Name:
Veterinarian Phone:

Dog Information

Dog’s Name:
Breed:
Age:
Gender:
Weight (lbs):
Microchip/Tattoo ID:

Health & Care

Current Medications (name, dosage, schedule):
Allergies or Sensitivities:
Special Dietary Requirements (brand, portions, schedule):
Medical Conditions or Restrictions:

Behavior

Crate Trained? (Yes/No):
Crate Size:
Comfortable Time in Crate:
Crated Overnight? (Yes/No):
Crated When Left Alone? (Yes/No):
House Trained? (Yes/No):
Behavior Around Other Dogs:
Behavior Around Strangers:
Behavior Around Children:
Fears/Triggers (storms, fireworks, etc.):
Bite History? (If yes, explain):

Routine & Preferences

Bathroom Schedule - Morning (approx. time):

Bathroom Schedule - Midday (approx. time):

Bathroom Schedule - Evening (approx. time):

Bathroom Schedule - Bedtime (approx. time):

Typical Bathroom Signals (scratching, pacing, barking, etc.):

Daily Exercise Needs (walks, playtime, frequency):

Favorite Toys/Games:

Commands Your Dog Knows:

Sleeping Arrangements (crate, bed, free roam):

Additional Notes