

PET INFORMATION (DOG)

ALWAYS HAPPY TAILS LLC.

PET'S NAME: _____	GENDER: _____	MALE	FEMALE
BREED: _____	NEUTERED/SPAYED: _____	YES	NO
PHYSICAL DESCRIPTION: _____	MICROCHIPED: _____	YES	NO
AGE: _____	WEIGHT: _____	WEARS TAGS: _____	YES NO

FEEDING INSTRUCTIONS

FEED SEPARATLY:	YES / NO	EXPLAIN: _____
FOOD AGGRESSIVE:	YES / NO	EXPLAIN: _____

DRY FOOD BRAND:

AMOUNT: _____	1X DAY	2X DAY	3X DAY	OR/ FREE FEEDER (KEEP BOWL FULL)
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SPECIAL INSTRUCTION: _____

WET FOOD BRAND:

AMOUNT: _____	1X DAY	2X DAY	3X DAY	OR/ FREE FEEDER (KEEP BOWL FULL)
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SPECIAL INSTRUCTION: _____

MEDICATION NAME: _____ **REASON:** _____

AMOUNT: _____

IF MORE THAN ONE MEDICATION PLEASE WRITE ON BACK OF PAPER.

HOW MANY TREATS PER DAY?	1 2 3 4	SPECIAL INSTRUCTIONS: _____
SENSITIVE STOMACH?	YES / NO	

# OF WATER BOWLS:	LOCATION: _____	TAP	BOTTLED	FILTERED
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PET LIVING AREA / ROUTINE

ALLOWED TO GO FOR WALKS?	YES / NO	LEASH LOCATION: _____
REGULARLY AN INSIDE OR OUTSIDE DOG?	IN / OUT	EXPLAIN: _____
ALLOWED TO BE OUTDOORS BETWEEN VISITS?	YES / NO	EXPLAIN: _____
IS YOUR FENCE LINE DOG SECURE?	YES / NO	EXPLAIN: _____
RESTRICT PET TO CRATE / AREA:	YES / NO	LOCATION: _____
WHERE IS THE EXTRA BEDDING FOR CRATE?	LOCATION:	_____
ARE THEY ALLOWED TOYS IN THEIR CRATE?	YES / NO	EXPLAIN: _____
ALLOWED ON FURNITURE:	YES / NO	EXPLAIN: _____
OFF LIMIT ROOMS OR AREAS:	YES / NO	EXPLAIN: _____
DOES YOUR PET HAVE TOYS?	YES / NO	ARE THEY ALLOWED TO BE LEFT ALONE WITH THEM? YES / NO

COMMANDS (CIRCLE KNOWN, UNDERLINE WORKING ON)

Treat | Sit | Stay | Come | Heel | Wait | No | Down | Lay Down | Go Outside | Walk | Food | Treat
 Cookie | Go Potty | Bad | Good | Leave It | Drop It | Off | OTHER: _____

ALLOWED TO GO FOR RIDES IN SITTER VEHICLE? (In case of emergency) YES / NO

Favorite Games, Toys, and Activities: _____

SIGNATURE: _____ DATE: _____