

DOG CARE INFORMATION FORM

OWNER'S NAME (IF NOT ME): _____

ADDRESS: _____

DOG'S NAME: _____

AGE: _____ BREED: _____

NEUTERED SPAYED

WHO TO CALL TO CARE FOR THE DOG IN MY ABSENCE:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

VET: _____ PHONE NUMBER: _____

ADDRESS: _____

EMERGENCY VET: _____ PHONE NUMBER: _____

MEDICATIONS

MEDICATION	DOSE	TIME

DOG FOOD PREFERENCES

FOOD BRAND	AMOUNT	TIME	TREATS

LEASH & COLLAR LOCATION: _____

DOG BEHAVIORS

NEW PEOPLE	<input type="checkbox"/> LIKE	<input type="checkbox"/> DISLIKE
CHILDREN	<input type="checkbox"/> LIKE	<input type="checkbox"/> DISLIKE
OTHER DOGS	<input type="checkbox"/> LIKE	<input type="checkbox"/> DISLIKE
CATS	<input type="checkbox"/> LIKE	<input type="checkbox"/> DISLIKE
MUST REMAIN ON LEASH OUTSIDE	<input type="checkbox"/> YES	<input type="checkbox"/> No
FEARFUL OF LOUD NOISES	<input type="checkbox"/> YES	<input type="checkbox"/> No
MAY BITE	<input type="checkbox"/> YES	<input type="checkbox"/> No
CAN BE AGGRESSIVE	<input type="checkbox"/> YES	<input type="checkbox"/> No
KENNEL/CRATE TRAINED	<input type="checkbox"/> YES	<input type="checkbox"/> No
OBEYS BASIC COMMANDS	<input type="checkbox"/> YES	<input type="checkbox"/> No
GUARDS FOOD	<input type="checkbox"/> YES	<input type="checkbox"/> No
CHEWS	<input type="checkbox"/> YES	<input type="checkbox"/> No
DIGS	<input type="checkbox"/> YES	<input type="checkbox"/> No

ADDITIONAL INFORMATION

OTHER LIKES: _____

HIDES: _____

MISCELLANEOUS: _____
