

**PET'S HEALTH**

*Please print and complete for **each** pet. Use reverse for additional notes*

Attach a copy of your pet's immunization record – including yearly Bordatella booster.

PET'S NAME \_\_\_\_\_

ANY MEDICAL CONDITIONS WE SHOULD KNOW ABOUT?  
\_\_\_\_\_

ALLERGIES? \_\_\_\_\_

WHEN WAS FLEA AND TICK PREVENTION GIVEN & NAME OF PRODUCT?

When? \_\_\_\_\_ Product Name: \_\_\_\_\_

HOW OFTEN DO YOU GIVE IT? \_\_\_\_\_

HEARTWORM PREVENTION GIVEN? \_\_\_\_\_

ANY PHYSICAL LIMITATIONS OR RESTRICTIONS?  
\_\_\_\_\_

ANY PREVIOUS OBEDIANCE TRAINING?

When: \_\_\_\_\_ Where: \_\_\_\_\_

PREVIOUS DAYCARE EXPERIENCE  
\_\_\_\_\_

DOES YOUR DOG ENJOY BEING GROOMED? Anything special we should know?  
*Example: Doesn't like nails clipped.*  
\_\_\_\_\_

HOW LONG HAVE YOU OWNED YOUR DOG? \_\_\_\_\_

HOW DOES YOUR DOG REACT TO NEW DOGS?  
\_\_\_\_\_

WHAT IS YOUR DOG AFRAID OF? Example: thunderstorms, etc.  
\_\_\_\_\_