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CONTACT INFORMATION

Owner(s) Name: _____

Address: _____

E-Mail: _____ Telephone: _____ Cell: _____

Additional Contact: (In the event that you are unavailable)

Name: _____

Address: _____

E-Mail: _____ Telephone: _____ Cell: _____

How did you hear about Auntie Dog? _____

ABOUT YOUR DOG

Name: _____ Breed: _____

Male Neutered Female Spayed

D.O.B: ____/____/____

My Dog: Lives with children: Ages _____

Lives with a cat Lives with other dogs

FEEDINGS & MEDICATIONS

_____ Number of meals per day _____ AM _____ PM

_____ Amount of food for each meal

If dry food, do you add water? Yes No

List any food allergies: _____

Cookies & treats: OK Use only what I supply

List any medications your dog will require. Indicate how and when they should be administered.

Drug Name _____ Amount _____ Time _____

HEALTH

Veterinarian: _____ Telephone: _____

Describe the general health of your dog and indicate any medical and age conditions that may effect his or her playtime, mobility or comfort.
