



Snuggles and Walks – Pet Information and Profile

Owner Information

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____

Number: _____

Pet Information

Name: _____ Age: _____ Weight: _____

Breed: _____ or Cat Yes No

Sex: Male Female

Fixed: Yes No

Vaccinations: Yes No (supply current vaccination record)

Flea & Tick control: Yes No

Veterinarian: _____

Number: _____

Behavior Information (put n/a if doesn't apply to your cat or dog)

Is there any person, dog, or situation your pet is uncomfortable with? Yes No

If yes, please explain: _____

Has your pet ever bitten a person or other animal? Yes No

Can you take food and toys away from your pet without him/her growling? Yes No

If no, please explain: _____

Has your pet ever jumped a fence? Yes No

Is there any areas on your pet's body where he/she **does not** like to be touched by humans? Yes No

If yes, please describe: _____

Does your dog play well with dogs of all sizes, ages, and activity levels? Yes No

If no, please explain: _____

Medications

Does your dog need any medication given to them during their stay? Yes No

Medication: _____ When to administer: _____

Amount: _____

Medication: _____ When to administer: _____

Amount: _____

Medication: _____ When to administer: _____

Amount: _____

Medication: _____ When to administer: _____

Amount: _____

Feeding

Food Brand:

Morning: Yes No Quantity:

Evening: Yes No Quantity:

Other: _____

Special Instructions:

Other Information

Is your dog kennel trained? Yes No

Where does your pet stay when you are not home? _____

Where does your pet stay at night?

What is your pet's general schedule?

Is there any other information I should know about your pet?
