

Lynwood Kennel, LLC

Pet Information Sheet

(OK to complete one form for multiple pets)

Owner's Name _____

Dog's Name _____ Age _____ Breed _____ Color _____

Dog's Name _____ Age _____ Breed _____ Color _____

Dog's Name _____ Age _____ Breed _____ Color _____

Vet name _____ Phone _____

MEDICAL INFORMATION:

Current medications pet is taking and for what ailment _____

Circle any of the following health problems your pet has experienced:

- | | | | | |
|-----------|---------------|----------------|----------------|-----------|
| Seizures | Heart Disease | Blindness | Deafness | Arthritis |
| Allergies | Ear Infection | Back Disorders | Past Surgeries | Other |

Detail of above circled:

GENERAL INFORMATION:

Does your dog respond to his/her name when called? _____ Is your dog housetrained? _____

Will your dog come to you when called? _____ Will your dog come to us in the play yard? _____

Has your dog been formally trained? _____ What commands does your pet know? _____

Does your pet play with toys? _____ What type? _____

Does your dog like strangers? _____ Does your dog urinate when approached by a stranger? _____

When your dog is around strangers does he/she?

GROWL HIDE JUMP BITE WET/COWER NONE OF THESE

Has your dog ever growled at any one? _____ If so, please explain _____

Has your dog ever bitten anyone? _____ If yes, when and why? _____

Is your dog kenneled at home or allowed to run free? _____

Have you ever boarded your dog before? _____ If yes, how did your dog react? _____

In a stressful situation, circle any of the following that describes how your dog reacts:

Wildly active Active Poised Assured Reserved Withdrawn/Lethargic

Does your dog climb/jump/chew through or dig under fencing of any type? _____

Does your dog chew or destroy blankets, beds, pillows, etc.? _____ **If yes, please advise us not to give these items to your pet .**

Does your dog become unreasonably anxious when left alone? _____

Does your pet act afraid of any specific items or noises? If so, please explain _____

Does your pet have problems in any of the following areas? Please check all that apply:

Mouthiness _____ Housetraining _____ Barking _____ Digging _____ Jumping _____

Food:

Purina Pro Plan _____ Supplied by kennel _____ (1/2 cup, 1 cup, etc.)Per feeding

Special Diet _____ Supplied by owner (must be pre portioned in baggies for each meal plus two extra meals)

How many times per day do you feed your dog? _____AM _____ NOON _____ PM

Treats:

Milk bone treats _____ Supplied by kennel

Greenies (\$1.00 each) _____ X Dailey

Pig Ears (\$1.00 each) _____ X Dailey

Owner's Signature _____ Date _____

