



# Pet Information Sheet

## Paw Prince Pet Care Services, Inc.

*\*Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Owner/Pet Name: \_\_\_\_\_ Male / Female Spayed / Neutered

Microchipped:  Yes  No Chip Number: \_\_\_\_\_ Colors/Markings: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Up to date on all vaccinations? Yes No Up to date on flea/tick treatment? Yes No

Caged / Run of house / Outdoors / Limited to: \_\_\_\_\_

Feeding Time: \_\_\_\_\_ Treats (Brands, Location): \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

If dog, what commands does your dog know?

Sit Stay Give Paw Drop It Leave It Roll Over Play Dead Heal Down Off

Other: \_\_\_\_\_

Walk Route: \_\_\_\_\_

Location/Description of leash/harness

Favorite Toys/Games: \_\_\_\_\_

Precautions (scared of other dogs, people,): \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

*\*This form will be kept on file for all future visits. If anything changes, you will remark so on the vacation/trip log at each visit booking.*

I, \_\_\_\_\_, have entered the above information as truthfully and accurately as possible.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date