



Red Mountain Pet Tender, LLC

Pet Information Form

Date: _____

Your Name: _____ Preferred Phone () _____ Cell
Other

Address: _____ City _____ State _____ Zip _____

E-Mail Address _____

In Case of Emergency (Contact):

Name: _____ Phone: () _____ Cell
Other

Veterinarian:

Name: _____ Phone: () _____

Address: _____ City _____ State _____ Zip _____

Pet Information:

Name: _____ Sex: M / F Spayed / Neutered Y / N

Age _____ Birthday _____ Breed: _____

Color: _____ Weight: _____

Feeding Schedule: _____ Amount: _____

Brand and Type of Food _____

Special Food Instructions? _____

Where did you get this dog? _____

How long have you had him/her? _____

If you have not had him/her from puppy hood, what do you know of his/her prior history?

Please describe your dogs overall temperament:

How does your dog react to other dogs? (Generally)

Has your dog ever participated in play at a dog park? Y / N

Does your dog have any kinds of people he/she automatically fears or dislikes Y / N

Does your dog have any kinds of dog that he/she automatically fears or dislikes Y / N

If yes

Has your dog ever bitten someone? Y / N

If yes describe: _____

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences?
Y / N

Does your dog have a circumstance or situation that he/she is frightened of? Y / N

If yes please describe: _____

Does your dog have any health concerns that you are aware of? Y / N

Describe: _____

Does your dog have any medical restrictions on his/her activities? Y / N

Describe: _____

Is your dog currently on any medication? Y / N

Describe: _____

Does your dog have any allergies? Y / N

Describe: _____

Does your dog like to be brushed? Y / N

Are there any areas on your dogs body that your dog does not like to be touched? Y / N

Describe: _____

Anything else you believe we should know? _____
