

Pet Playhouse Kennels LLC

Information sheet

Canine

Owner's name _____

Address _____

City/State/Zip _____

Home phone (____) _____ - _____ Alternate Phone (____) _____ - _____

Email _____

Local Veterinarian _____ Phone # _____

Emergency contact _____ Phone# _____

Animal's name _____ Breed _____

Age/ DOB _____ neutered? Yes No Intact female- last heat _____

Food Type- canned or dry Brand _____

Amount: _____ Frequency: 1X/day 2X/day 3X/day adlib

Medications: _____ Amounts & Frequency _____

Flea/Tick preventative _____ Date given _____

Medical Issues _____

Allergies _____

Treats O.K.? _____ Word/Phrase for urination/defecation _____

(example "do your business" or "find a spot")

Favorite play activity/toy _____

Special likes _____

dislikes _____

Additional comments:
