

KindCare Pet Services LLC

Client Information

Your name: _____

Address: _____

Phone: _____

Email: _____

Pet's name: _____

Breed: _____ Age: _____ Birthday: _____

Which vet office do you use? _____

Emergency contact/phone # if you cannot be reached _____

Does anyone locally have a key to your home? Yes ___ No ___

If yes, name: _____ Phone number: _____

Is your dog spayed or neutered? Yes ___ No ___ Fully vaccinated? Yes ___ No ___

Is it OK if I post photos and videos of your dog on Facebook, Instagram and kindcarepetservices.com Yes ___ No ___

Do you want your dog to stay in a crate when left alone? Yes ___ No ___

Does your dog have issues with separation anxiety? Yes ___ No ___

Can your dog have treats? Yes ___ No ___

How much does your dog eat every day and when? What kind of food/treats?

Does your dog have any medications, allergies or injuries?

Explain how your dog walks on a leash (i.e., pulls, goes after other dogs, lunges at people)

What kind of leash/harness do you use to walk your dog?

Does your dog wear a collar with an ID at all times? Yes ___ No ___

What commands/training would you like me to work on with your dog?

Is there anything that brings out aggression in your dog? (Bikers, food, rawhides, squirrels, fences, other dogs, etc)

Is your dog scared of anything? (Fireworks, thunder, men, vacuums, loud noises, etc.)

How much exercise does your dog get in an average day?

Do you have an indoor cat or other pets? Yes ___ No ___

Is there anything else you would like me to know about your pets?