OWNER INFORMATION

OWNER NAME _____ DATE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

HOME ADDRESS _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____

RELATIONSHIP TO OWNER _____

ANIMAL INFORMATION

ANIMAL TYPE: ☐ Dog ☐ Cat ☐ Bird ☐ Rabbit ☐ Guinea Pig ☐ Other

ANIMAL'S NAME _____ BREED / SPECIES _____

AGE _____ WEIGHT _____ COLOR / MARKINGS _____

SEX: ☐ Male ☐ Female

SPAYED / NEUTERED: ☐ Yes ☐ No ☐ Unknown

MICROCHIP # _____ ID TAG / LICENSE # _____

VETERINARIAN INFORMATION

VETERINARY CLINIC NAME _____ CLINIC PHONE _____

VETERINARIAN NAME _____ LAST VISIT DATE _____

RABIES VACCINATION EXPIRY _____ OTHER VACCINES CURRENT? _____

KNOWN ALLERGIES OR MEDICAL CONDITIONS

FEEDING

FOOD BRAND / TYPE

AMOUNT PER FEEDING

NUMBER OF FEEDINGS PER DAY

FEEDING TIMES (E.G. 7 AM, 6 PM)

TREATS ALLOWED: ☐ Yes ☐ No ☐ Specific treats only — see below

APPROVED TREAT TYPES

FEEDING PREFERENCES & NOTES (PICKY EATER, SPECIAL BOWL, SPECIFIC LOCATION, ETC.)

WATER BOWL LOCATION / NOTES

CURRENT MEDICATIONS

List all current medications. Leave rows blank if not applicable.

MEDICATION NAME	DOSAGE	FREQUENCY / DAY	TIME OF DAY	PURPOSE

MEDICATION NOTES / SPECIAL INSTRUCTIONS (E.G. HIDE IN FOOD, REFRIGERATE)

WALKING & EXERCISE

WALKS PER DAY

DURATION PER WALK

PREFERRED WALK TIMES

LEASH BEHAVIOR: ☐ Good on leash ☐ Pulls ☐ Reactive to dogs ☐ Reactive to people ☐ Off-leash OK

EXERCISE PREFERENCES, FAVORITE ROUTES & NOTES

SLEEPING PREFERENCES

NORMALLY SLEEPS IN: ☐ Crate ☐ Owner's bed ☐ Dog / Cat bed ☐ Couch ☐ Free roam

USUAL BEDTIME _____ USUAL WAKE TIME _____

BEDTIME ROUTINE & SLEEPING NOTES

WASTE CLEANUP

USES LITTER BOX: ☐ Yes ☐ No

LITTER BOX LOCATION _____ HOW OFTEN TO SCOOP _____

LITTER BRAND / TYPE _____

OUTDOOR WASTE: ☐ Bag & bin on property ☐ Leave on grass / yard ☐ Other

WASTE CLEANUP NOTES & PREFERENCES

BEHAVIORAL NOTES

ANXIETY / FEARS: ☐ Thunderstorms ☐ Fireworks ☐ Strangers ☐ Other animals ☐ Separation anxiety ☐ None known

KNOWN TRIGGERS _____

FAVORITE TOYS / ACTIVITIES _____ COMMANDS THEY KNOW _____

ANYTHING ELSE WE SHOULD KNOW

AUTHORIZATION & SIGNATURE

I authorize Peak Pet and Home Care to provide care for my pet(s) as described in this form. I confirm that all information provided is accurate to the best of my knowledge. In the event of a medical emergency, I authorize the caregiver to seek necessary veterinary attention on my behalf.

OWNER SIGNATURE _____ DATE _____

PRINTED NAME _____

Thank you for trusting us with your family.

PEAK PET AND HOME CARE · COLORADO SPRINGS, CO