



Day in: _____ Day out: _____ Time Out: _____ am / pm

Client Name: _____ Pet's Name: _____

Phone Number: _____

Allergy: _____

Wt: _____ Flea Check : _____

Bath: Yes No Nail Trim: Yes No Anal Glands: Yes No

•Do your pets stay together? Yes No Do we separate to feed? Yes No

•Aggressive towards people? Yes No other animals? Yes No

•Has your dog ever jumped, dug under or opened fences? Yes No

Services & Special Care:

WAH DRY FOOD OR CLIENT BRAND : _____ DRY / CANNED

Feed _____ WAH measured cup /can /bags _____ Start: _____ am/pm

Feed _____ WAH measured cup /can /bags _____ Start: _____ am/pm

Feed _____ WAH measured cup /can /bags _____ Start: _____ am/pm

If pet has 2 or more foods, should we combine them? Yes No Should we add water? Yes No

Treats Y / N How many? _____ Times per day? _____ start: _____ am/pm

Do you give permission to add variety or alter volume with our Whitestone AH food if needed? Yes No

Does your pet have any food allergies? Yes No If yes, please specify:

Receptionist _____ Kennel Tech _____ Technician _____



(INITIAL)	<u>Medications or Special Instructions</u>		
Drug Name	Amount	Frequency	Route (ex: Orally, Topically, Ear, Eye)
_____	_____	every _____ hours	_____ Next dose due: _____ am/pm
_____	_____	every _____ hours	_____ Next dose due: _____ am/pm
_____	_____	every _____ hours	_____ Next dose due: _____ am/pm
_____	_____	every _____ hours	_____ Next dose due: _____ am/pm
_____	_____	every _____ hours	_____ Next dose due: _____ am/pm
_____	_____	every _____ hours	_____ Next dose due: _____ am/pm
_____	_____	every _____ hours	_____ Next dose due: _____ am/pm

Belongings left with your pet

Does anything need to be placed in refrigerator? Yes / NO If so,what?: _____

_____ **(Initial)** For your pet's protection, all vaccines must be current. Your pet must be free of internal and external parasites. If not, treatment will be performed at your expense.

Phone number: _____

Email: _____

You can contact me for non-emergencies: **Yes / No**

I have reviewed the above information and deem it to be correct.

X _____
Signature of authorized agent

Date _____

Receptionist _____ Kennel Tech _____ Technician _____