<b>CANINE PET PREPAREDNESS</b>	
GENERAL INFORMATION	
Dog name:	
Dog age (as of): OR DOB:	Place canine photo here
Breed:	
Microchip #:	
Microchip company:	
Login Information:	
Where is the animal from?	
Spayed/Neutered? YES NO Date Done:	
VETERINARY INFORMATION	
Location:	
Phone: Address:	
Vet Name:	
Where else have I gone?	
Have I been to an emergency vet for anything? YES NO	
Regular vaccines & dates:	
Any past health problems?	
List any medications/supplements:	
Do I need any medication before the vet? YES NO	
*Please set up a person who can consent to care at this vet	
GROOMING INFORMATION	
Do I need to be groomed? YES NO	TIO
If so, how often?	
Do I get nail trims? YES NO By who?	
Do I need any medication before grooming? YES NO	HAWS
If so, what?	
	Humane Animal Welfare Society

#### FOOD

What brand/type do I eat? \_\_\_\_\_

How many times a day do I eat? \_\_\_\_\_

What time do I eat my meals? \_\_\_\_\_

How are my eating habits? \_\_\_\_\_

List any allergies/dietary restrictions: \_\_\_\_\_

What type of treats do I eat? \_\_\_\_\_

### EXERCISE

How do I exercise?
How often do I exercise?
How long do I exercise?
Do I go on/off leash?
<b>C</b>

### **SLEEP SCHEDULE**

Where do I sleep? \_\_\_\_\_

When do I sleep? \_\_\_\_\_

## TRICKS/TRAINING

Have I had any formal training? YES NO

What tricks do I know? \_\_\_\_\_

Do I have a recall word? YES NO What is it? \_\_\_\_\_

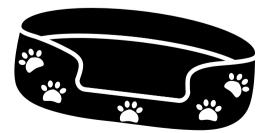
How do I signal to go outside? \_\_\_\_\_

How do I ride in the car? \_\_\_\_\_

Where am I when I am home alone?

	Like	Dislike	Don't Know
Men			
Women			
Children			
Other Dogs			
Cats			
Small Animals			







# FAVORITES

Toys:

Treats:

Bones:

Puzzles/Enrichment:

Other:

### DISLIKES

Items I destroy	/:			
Fears:				
Do I protect:	food	toys	people	

### **OTHER NOTES**

