

CANINE PET PREPAREDNESS

GENERAL INFORMATION

Dog name: _____

Dog age (as of _____): _____ OR DOB: _____

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

If so, how often? _____

Do I get nail trims? YES NO By who? _____

Do I need any medication before grooming? YES NO

If so, what? _____



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? _____

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

