

OVERNIGHT CARE INFORMATION

TO BE ACCOMPANIED ALONG WITH BOTH A SHETLAND K9 CARE GENERAL INFORMATION & VETERINARY RELEASE FORM



PET'S FIRST & LAST NAME: _____

AGE: _____

MALE | FEMALE

SPAYED OR NUETERED: YES | NO

FEEDING		
FOOD TO BE SUPPLIED BY OWNER - AMOUNT EQUAL TO SCHEDULED CARE + 1 DAY - FEE OF \$3 PER MEAL IF SUPPLIED BY SHETLAND K9 CARE		
ANY FOOD ALLERGIES?		
EVER DISPLAY FOOD AGGRESSION? (HUMAN OR CANINE)		
MEAL # 1	WET / DRY	AMOUNT & INSTRUCTIONS:
MEAL # 2	WET / DRY	AMOUNT & INSTRUCTIONS:
MEAL # 3	WET / DRY	AMOUNT & INSTRUCTIONS:
IF YOUR DOG RESISTS EATING FOR ANY REASON, PLEASE CIRCLE ANY FOOD ADDITIVES ACCEPTABLE TO USE TO ENTICE YOUR DOG TO :		
SHREDDED CHEESE PARMESIAN CHEESE CHICKEN BROTH CHICKEN PUMPKIN PUREE DO NOT USE ADDITIVES		
ANY OTHER FEEDING COMMENTS:		

MEDICATIONS / MEDICAL	
1 MEDICATION NAME:	TIME(S) OF DAY
INSTRUCTIONS / NOTES:	
2 MEDICATION NAME:	TIME(S) OF DAY
INSTRUCTIONS / NOTES:	
3 MEDICATION NAME:	TIME(S) OF DAY
INSTRUCTIONS / NOTES:	
ANY COMMENTS PERTAINING TO YOUR DOG'S MEDICAL CONDITIONS THAT WOULD BE OF IMPORTANCE TO ENSURE PROPER CARE IS GIVEN IN YOUR ABSENCE?	

BEHAVIORS & TENDENCIES

CHECK ALL THAT APPLY - THIS HELPS US KEEP YOUR DOG SAFE AND WILL NOT BE USED AS AN EVALUATION TO DETERMINE IF SERVICES WILL BE PROVIDED

- | | | |
|--|---|--|
| <input type="checkbox"/> BITE HISTORY IF YES, PLEASE EXPLAIN _____ | | |
| <input type="checkbox"/> JUMPING FENCE | <input type="checkbox"/> DOG AGGRESSION | <input type="checkbox"/> EXCESSIVE BARKING |
| <input type="checkbox"/> ATTEMPTS ESCAPE | <input type="checkbox"/> TOY AGGRESSION | <input type="checkbox"/> FEAR OF THUNDER / FIREWORKS |
| <input type="checkbox"/> SEPERATION ANXIETY | <input type="checkbox"/> DOMINANCE | <input type="checkbox"/> FREQUENT ACCIDENTS |

PREFERRED SLEEPING LOCATION: _____