



# COMFY K9's

## Basic Information Form

Date: \_\_\_\_\_

### **Owner**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Other) \_\_\_\_\_

Email: \_\_\_\_\_

### **Dog #1**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: M / F Spayed / Neutered

### **Dog #2**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: M / F Spayed / Neutered

### **Dog #3**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: M / F Spayed / Neutered



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## Day Care Information Page

(One per pet please, contact information may be noted as: 'the same')

**Dog's Name:** \_\_\_\_\_

1. Other phone numbers: \_\_\_\_\_

Emergency Contact Information (incase you cannot be reached):

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Vet's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_

3. Pet's Age/Date of Birth: \_\_\_\_\_

4. Any Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Allergies: \_\_\_\_\_

\_\_\_\_\_

6. Are you or anyone you in your family allergic to other pets? \_\_\_\_\_

7. Known commands (hand signals, spoken commands in a language other than English, etc.): \_\_\_\_\_

\_\_\_\_\_



# COMFY K9's

## Day Care Information Page Continued

8. When is your pet allowed a treat: \_\_\_\_\_  
\_\_\_\_\_

9. Does your pet do any of these things?:

a. Pull on the leash: \_\_\_\_\_

b. Chew: \_\_\_\_\_

c. Bite: \_\_\_\_\_

d. Bite when playing: \_\_\_\_\_

e. Eat feces: \_\_\_\_\_

f. To go outside:

i. Barks: \_\_\_\_\_

ii. Whines: \_\_\_\_\_

iii. Sits by door: \_\_\_\_\_

iv. Other: \_\_\_\_\_

g. Other known habits: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Kennel cough vaccination up to date?: Yes / No

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_