

LOST POUNDS PET CENTER

Office 270-801-6225 or Toshie 270-801-5224

OWNER INFORMATION

Owner _____ Mobile _____ Work _____
Owner _____ Mobile _____ Work _____
Home Address _____ City _____ Zip _____
EMAIL: _____ FACEBOOK Name(s) _____
EMERGENCY Contact _____ Phone _____

PET INFORMATION

Pet Name _____ Male Female Breed _____ Color _____
Pet Birthday _____ Age _____ Is your pet a rescue? Yes No How long have you had your pet? _____
Is your pet possessive of toys, foods, or objects? If Yes, explain: _____

How does your pet get along with other dogs? _____ React to strangers? _____
Has your pet ever been in daycare? Yes No Where? _____ When? _____
Has your pet ever bitten a person/other dog? Yes No Was your pet quarantined? Yes No
If Yes, explain _____

Is your pet afraid of storms? Yes No loud noises? Yes No Other _____

What is your pet's training history? (Circle all that apply)
No Training Self-Trained Puppy Training Basic Obedience Advanced Private

What commands does your pet know and how well? _____

Is your pet sensitive to touch? (i.e. tail touched, paws touched, NAILS TRIMMED?) _____

Please list any behavioral issues, concerns, information (i.e. nervousness, separation anxiety, habits, likes/dislikes)

PLEASE ANSWER: How did you hear about Lost Pounds? _____

LP Staff Initial _____ Date _____

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VETERINARIAN INFORMATION

Owner

Pet

Hospital/Clinic _____
Veterinarian Name _____ Phone _____
Address _____ City _____ State _____

THE FOLLOWING VACCINATIONS/EXAM ARE REQUIRED and a copy on file:

Rabies, DHLPP (Distemper/Parvo), Bordetella (Canine Cough), Fecal Exam (within last year)

Initial _____ Owner gives us permission to contact veterinarian or other care providers.

Is your pet spayed/neutered? Yes No When? _____

Does your pet have a Micro Chip? Yes No Company/Chip # _____

Does your pet have a problem with bladder or bowel control? Yes No

Is your pet taking heartworm preventative? Yes No Brand _____

Is your pet taking flea/tick preventative? Yes No Brand _____

Initial _____ Owner agrees to pay \$15.00 for a vet approved 30-day flea preventative treatment if pet has fleas.

Has your pet recently undergone any surgery or have any previous injuries? Yes No

If Yes, Please Explain: Surgery/Injury/Date _____

List all allergies, health issues or restrictions: _____

Please list all **Medications*** or Supplements with recommended dosage and frequency:

| Medication/Supplement | How Often | Reason |
|-----------------------|-----------|--------|
|-----------------------|-----------|--------|

***Medications must be in original container and clearly labeled by your Veterinarian**

DAYCARE PASS

Initial _____ Owner understands that daycare passes do not expire and are non-transferrable.
No refunds are given for unused daycare.

NOTES:

LP Staff Initial _____ Date _____