

Dog Day Care and Pet Boarding Guest Profile

I am interested in: Dog Day Care Boarding Both

Client Information

Owner/Pet Parent Name:

Last name _____ First name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext. _____

Cell phone _____

EmailAddress _____

Note: Pewaukee Veterinary Service & will not sell, release, or distribute any e-mail addresses.

My Veterinarian Hospital: _____

Alternate Emergency Contact(s) ~ (other than the client/pet parents):

Emergency contact last name _____ First name _____

Emergency contact phone numbers:

Home Phone _____

Work Phone _____ Cell Phone _____

Please list the name (s) of those you authorize to drop-off and/or pick-up your pet from dog day care or boarding – please note: we will only release your pet to the names you have listed below:

How did you hear about us? _____

I am interested in: Dog Day Care Boarding Both

Pet Guest Information

Pet Guest:

Pet Guest's Name _____

Dog Cat Primary Breed _____

Sex: Male Female Spayed Neutered Approximate Weight _____
your dog must be spayed or neutered to participate in dog day care

Birthdate _____

Medical Information:

Does your pet have a current injury, health issue or medical condition and are they currently on any medication? If yes, please explain:

Diet & Eating Habits:

What food(s) are you feeding your pet? _____

Dry Canned How much do you feed at each meal ? _____

How Often? Once a day Twice a day Three Times a day

Please email completed form to Medicalrecords@pewaukeevet.com