

Libby's Retreat

Information Sheet

Client Name: _____ Dog's Name: _____
Address: _____ Postal Code: _____

Home Phone Number: _____ Business phone Number: _____
Cell phone number: _____ Email address: _____

Your dog's description

Age: _____ Colour: _____ Sex: _____ Breed: _____

Does your dog have any medical problems? _____

Is your dog spayed/neutered? Yes/No

Up to date vaccinations? Yes/No

Vet's information

Clinic Name: _____ Vet's Name: _____
Address: _____ Phone Number: _____

Your Dog's Behaviours:

Comes when called	Yes/No	Good with other Dogs	Yes/No
Good with people	Yes/No	Good with Children	Yes/No
Must be kept on leash	Yes/No	Chases squirrels, etc	Yes/No
Barks at strangers	Yes/No	Attempts to dart through an open door	Yes/No
Loves people food	Yes/No	Allowed on furniture/bed	Yes/No
Likes to Chew	Yes/No	Scared in thunderstorms	Yes/No

Feeding Instructions: _____

Medication Instructions: _____

Walking Schedule: _____

Where does your dog sleep?: _____

Any other comments or instructions: _____

Number where you may be reached while on vacation: _____

Other contact that we may call in your absence: _____

Stay over dates and time of pickup: From: _____ To: _____

Signing below acknowledges that Brian and Karen Malone may enter your home for the purpose of picking up and returning your pet(s) and to transport your pet by car. Brian and Karen Malone assume no liability for any illness or injury caused to your pet or to other persons, pets or property. If your pet becomes injured or ill, Brian and Karen Malone is hereby authorized to take your pet to the nearest animal care facility and such expense shall be paid by the owner of the pet.

Signature: _____

Date: _____