

# ALK PET SERVICES

## ALK PET Services Pet Care Information Form



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@ALKPETS

Please complete one Pet Care information form and  
one Pet Care Waiver & Consent form per pet

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### Basic Information:

Client's name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Client's address: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Type: Dog, Cat, other: \_\_\_\_\_

Coat Color: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight \_\_\_\_\_

Pet's birthday: \_\_\_/\_\_\_/\_\_\_

Emergency contact: \_\_\_\_\_



## ALK Pet Services – Pet Care Information Form

Is your pet potty trained? \_\_\_\_\_

If yes, please describe potty routine (outdoors or paper/pad trained)

\_\_\_\_\_

How frequently does your pet ask to go outside? \_\_\_\_\_

How do they ask to go potty - by barking/whining/ standing by the door?

\_\_\_\_\_

Is your pet allowed on the furniture? \_\_\_\_\_

Where does your pet sleep? \_\_\_\_\_

Is your pet crate trained? \_\_\_\_\_

Is your pet current on all vaccines and will remain current on all vaccines throughout each instance of using ALK Pet Services including Bordatella/ distemper/parvovirus/rabies etc?: \_\_\_\_\_

Does your pet have any known medical conditions?(Allergies, sensitive stomach, seizures, etc)?: \_\_\_\_\_

If so, please list any medication Instructions your pet may need(include name of medications, dosage amount, and time(s) given:

\_\_\_\_\_

Does your pet have a history of violence/aggression or biting with other people or animals?:\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your pet have any fears or phobias that should be known? \_\_\_\_\_

\_\_\_\_\_



## ALK Pet Services – Pet Care Information Form

If yes, please describe: \_\_\_\_\_

Does your pet have any chewing/destruction issues/any items they frequently chew/destroy? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

What are your pets favourite toys (squeaky, crinkle balls, etc) and activities (tug of war, fetch, etc): \_\_\_\_\_

Has your pet ever been to a dog park? \_\_\_\_\_

If yes, please describe how they played and interacted with other dogs:

\_\_\_\_\_

Has your pet ever attempted to bite or bitten another animal or person? If yes, please explain: \_\_\_\_\_

Is your dog food or toy possessive? if yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever been in a fight with another dog? If yes, please explain:

\_\_\_\_\_

### Veterinarian Information

Clinic name: \_\_\_\_\_ Preferred doctor: \_\_\_\_\_

Address of clinic: \_\_\_\_\_

Phone number of clinic: \_\_\_\_\_

**NOTE: PET OWNER IS RESPONSIBLE FOR ANY AND ALL VETERINARIAN COSTS, REGARDLESS OF THE CIRCUMSTANCES.**

\_\_\_\_\_



## Feeding/Medication instructions

Please detail any specific instructions: \_\_\_\_\_

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Dry Food:

Name: \_\_\_\_\_ Time(s): \_\_\_\_\_

Amount: \_\_\_\_\_ Directions: \_\_\_\_\_

Wet food:

Name: \_\_\_\_\_ Time(s): \_\_\_\_\_

Amount: \_\_\_\_\_ Directions: \_\_\_\_\_

Treats:

Name: \_\_\_\_\_ Time(s): \_\_\_\_\_

Amount: \_\_\_\_\_ Directions: \_\_\_\_\_

Medication(s):

Name: \_\_\_\_\_ Time(s): \_\_\_\_\_

Amount: \_\_\_\_\_ Directions: \_\_\_\_\_

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## Extra Information

Please bring a leash & harness, enough food and treats for your pets stay with me (and a little extra in case you are running behind that day).

A blanket/towel that smells like you can often help calm a pet in a new environment as well as a few of their favourite toys and treats if you wish them to have any while are under my care.

Please detail any additional information that the caregiver should be aware of: