

Glacier K9 Owner Profile

First Name _____

Last Name _____

Addl. Owner First Name _____

Addl. Owner Last Name _____

Address _____ City _____ State _____

Zip _____

Email _____

Mobile Phone _____

Home Phone _____

Work Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

People authorized to pick up your pet _____

How did you hear about us? _____

Glacier K9 Animal Profile

Name _____

Dog / Cat? (Circle One)

Breed _____

Color/Markings _____

Sex M _____ F _____ Spayed/Neutered Yes _____ No _____

Weight _____

Date of Birth _____

Vet _____

Behaviors we should know of _____

Does your dog get along with small dogs? _____

Does your dog get along with large dogs? _____

Has he/she ever bitten a person? _____

If so, please describe the severity of the bite _____

Has he/she ever bitten another dog? _____

If so, please describe the severity of the bite _____

Allergies _____

Medical Conditions _____

Medication Schedule _____

Feeding Schedule _____

If your dog is being boarded with dog(s) from the same family can they eat together? _____