

Coastal Cottage Critter Care

52 Woodland Road

Madison, CT 06443

PET PROFILE

OWNER INFORMATION

Name(s): _____
Address: _____ City, State, Zip: _____
Email: _____
Home Phone: _____ Cell Phone(s): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Owner: _____
Cell Phone: _____ Home Phone: _____

PET INFORMATION

Name: _____ Breed: _____
Age: _____ Sex: _____ Spayed/Neutered (circle one): Y/N

VETERINARIAN

Clinic/Name: _____ Phone: _____
Address: _____ Date of last visit: _____

PET HISTORY

How long have you had your dog? _____ How old was your dog when you got him/her? _____
Is your dog adopted? If yes, what knowledge do you have of his/her history? _____

Are there any specific behaviors or requirements we need to be aware of? (i.e. eats from a raised feeder, remote training collar, etc.) _____

Has your pet ever bitten a person, pet or animal? (circle one) Y/N

Has your dog ever played with dogs at a dog park or dog day care center? (circle one) Y/N

Does your dog protect his/her food or toys? (circle one) Y/N

PET PERSONALITY

Where does your pet usually sleep? _____
Describe some of your pet(s) typical characteristics and behaviors: _____

Does your dog like? long walks chasing ball playing with other dogs chewing on toys or sticks
 being right next to its human other: _____

**feel free to add another page so that we can learn best what your dog is like!*

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PET BEHAVIOR/SENSES

How does your pet behave when interacting or playing...

With other dogs? _____

With an active puppy? _____

With a new person? _____

With a cat? _____

Please list the common commands your pet recognizes: (i.e. sit, stay, leave it) _____

PET HEALTH

Does your dog have any preexisting medical conditions? If yes, what are they? _____

Does your dog have any allergies (food or otherwise)? (circle one) Y/N

If yes, please list them: _____

What pet food brand to you feed your dog? _____

Is it ok to give your pet treats during the day? _____

Describe feeding schedule and amounts: _____

PET CARE AGREEMENT

1. I understand that by leaving my dog in the care of Coastal Cottage Critter Care, Susan Jordan Yoshimine has relied on the truthfulness of the information supplied above. Additionally, I attest my dog has not injured or shown aggression or threatening behavior to any person or dog.
2. I understand that there are risks and benefits associated multiple dog pet play. I understand that while the group socialization and play is closely and carefully monitored there are always risks of injury involved. Any such injury to my pet resulting in the need of medical treatment will be my financial responsibility.
3. I allow my pet to be photographed and/or videoed to be used for advertising purposes without my prior approval.

I certify that I have read the policies of Coastal Cottage Critter Care and that I understand the aforementioned policies.

Name of Owner and Pet (Please Print): _____

Signature of Owner: _____

Date: _____