

Diamond Creek LLC

PET PROFILE

Please use a separate form for each pet

Owner's Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s) Home: _____ Cell: _____ Work/Other: _____ Email: _____

Guest's Name: _____ Breed/Breed Mix/Species: _____

Sex (M/F): _____ Color: _____ Date of Birth: _____ Pet's Weight: _____ Neutered/Spayed? _____

Veterinarian: _____ Practice Name: _____ Veterinarian phone: _____

How did you find out about Diamond Creek? _____

Brand of pet food dry/canned/raw that you feed at home? _____

What kind of protein source (main ingredient in food), e.g., beef, chicken, lamb etc. _____

Do you use raised food dishes at home? YES / NO (circle one) If so, what height? _____

How many times a day do you feed? _____ How much food measured by cups per meal: _____ Daily total food intake measured by cups: _____

How much dry food **by measured cup per serving**: _____ **Daily total dry food by measured cup**: _____

Do you add anything to the dry food (i.e. canned food, water, broth, yogurt)? _____ How much? _____ Did you bring it? _____

Special Diet and or Feeding instructions: _____

If we run out, we will try to get your food at your own expense or switch to ours if we are unable.

Any known allergies i.e. shampoos, perfumes, types of food etc.? _____

Please also list if owner is allergic to any of the listed items and indicate "owner allergy"

Please list any long term or recurring medical conditions (i.e. ear infections, tick borne diseases): _____

Please indicate **long-term** medicines or supplements to be dispensed including name, what it's prescribed for, and the instructions (list more on back):

Medication/Supplement:	Prescribed/Used for:	Dosage: include am or pm	Administered by: please circle
			In food / in treat / manually / topical
			In food / in treat / manually / topical
			In food / in treat / manually / topical

Does your pet normally get any of the following items at home without supervision (check all that apply):

Bedding (stuffed/non-stuffed) Nylabones Kongs (stuffed/empty) Other toys: _____

Does your pet have reactions to any of the following situations (check all that apply and please explain in further detail on the back side):

Thunder Storms High Winds Extreme temperature (heat/cold) Fireworks/Loud noises Tell us about your pet,

What should we know so that we may provide the best care to him/her? (Use back for more space): _____

Has your pet stayed away from home and family before? YES / NO

Were there any behavioral/medical concerns that you were made aware of? YES / NO If yes, please explain: _____

Are there any food possession/toy possession issues? **YES / NO if yes please explain below:** _____

NO YES, with other animals YES, with humans YES - with both animals & humans

MULTI PETS (Only applies to pets of the same family sharing a suite or residing at the same time):

When sharing a suite do they need to be supervised/separated during feeding? YES / NO

* If yes, please explain why: _____

If in separated suites can they play together during exercise YES / NO

Date	Client's Initials

Date Filled Out: _____

Feel free to use the **back** for more information/details: Please initial here if information is on the back _____

Continued Pet Profile:
