



Comfy K9s Basic Information Form

Owner:

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (Day) _____ **(Other)** _____

Email: _____

Pet:

Name: _____ **Nick Name:** _____

Breed: _____ **Color:** _____

Sex: M / F **Spayed / Neutered**

Pet:

Name: _____ **Nick Name:** _____

Breed: _____ **Color:** _____

Sex: M / F **Spayed / Neutered**

Pet:

Name: _____ **Nick Name:** _____

Breed: _____ **Color:** _____

Sex: M / F **Spayed / Neutered**

Comfy K9s

Day Care Information Page

(One per pet please, contact information may be noted as: 'the same')

1. Other phone numbers: _____

Emergency Contact Information (incase you can not be reached):

Name: _____ Phone Number: _____

Relationship: _____

2. Vet's Name: _____ Phone Number: _____

Fax Number: _____ Address: _____

3. Pet's Age/Date of Birth: _____

4. Any medical conditions: _____

5. Allergy's: _____

6. Are you or anyone in your family allergic to other pets? _____

7. Known commands: (hand signals, spoken commands in a language other than English) _____

8. When is your pet allowed a treat: _____

9. Does your pet do any of these things:

a. Pulling on the leash: _____

b. Chewing: _____

c. Biting: _____

d. Bites when playing: _____

e. Eats feces: _____

f. To go outside:

i. Barks: _____

ii. Wines: _____

iii. Sits by the door: _____

iv. Other: _____

g. Other known habits: _____

10. Has your pet had Tick and Flea medicine lately? Yes / No

11. The following information will be filled out by Comfy K9s
upon receiving your pet's Vaccination records:

Form: Yes / No

Kennel cough: Yes / No

Owner's Signature: _____

Date: _____