

A Dog Spot Current Visit Profile

Dog(s) Name: _____ Arrival Date: _____ Time: _____

Owners Name: _____ Pick Up Date: _____ Time: _____

Phone Number while you are gone: _____

Other person(s) we can contact in case of Emergency and you are unavailable?

Food (please bring only the amount they will use while here):

How much per meal? _____ Number of meals per day? _____

Does your dog have any food allergies? _____

Medication (we need to know what we are giving and the amounts)

Medication	Dosage	Time	Reason for taking

In the event of a medical emergency we will attempt to contact you and then your emergency contact. If we are unable to reach you or your emergency contact person we will assume that you will have us do whatever is necessary to treat your dog and that you agree to pay for such treatment.

Signature: _____ Date: _____

I have filled out health care directives for my pet(s) please follow directives

Signature: _____ Date: _____

During this visit I would like my dog to have the following extra services:

Nature Walk you provide a harness (Circle time and frequency)

60 minutes
Daily

30 minutes
Every other day

15 minutes
Number _____

Extra Attention (circle time and frequency)

60 minutes
Daily

30 minutes
Every other day

15 minutes
Number _____

My dog would most enjoy the following activities, please be as specific as possible:

Training Circle one

General training (only available daily. Please schedule your arrival with Shalise)

Relaxation Protocol

1 time daily

2 times daily

Current task set at home is _____ Task set we should start on here _____

Please list all items you bring with your dog. We will do our best to get them back to you