



Balanced Dogs LLC- Pet Information
609-760-0034

ALL DOGS MUST HAVE TAGS WITH ADDRESS
PLEASE WRITE CLEARLY!!

Owner's Name _____ Date _____
Home Address _____
City _____ Zip _____ E-mail _____
Home Phone _____ Cell Phone _____

Emergency Contact Information

Primary Contact _____ Phone _____
Relationship _____
Veterinarian _____ Phone _____
Vet's Address _____
City _____ Hours _____

Pet Information

Dog's Name _____ Breed _____ Age _____
Circle Sex M/F—Neutered: Y/N—Spayed Y/N—Years Owned _____
Where did you get your dog? _____ Dogs Birthday _____

Has your dog ever bitten anyone? Y/N

Any issues: aggression dog or human, food, strangers, bikes, toys, etc.

Does your dog know how to walk on a leash? Y/N

Any obedience training Y/N Crate Training Y/N Flea or Tick medication? Y/N
Any medication needed? Y/N

Any health problems? _____

How did you hear of us? _____

Any additional information to help care for your dog? (Ex: Feeding schedule, wake-up time, activities requested)

Other services needed: plant watering inside, fish, get mail, waste removal, etc.

**Please Initial. I give Gary Cassera permission to enter my home and walk my dog on the dates listed or as needed. _____ I give permission to Balanced Dogs to use our dogs image on their website and marketing materials. _____

**Owners Signatures: _____ Date: _____

