

WINDING CREEK KENNELS - PET INFORMATION PAGE

Owner's Name: _____

Today's Date: _____

Pet Name: _____

Color / Markings: _____

Breed: _____

Dog Cat Male Female

Approx. Weight: _____

Neutered or Spayed: Yes No

Hair Length: Slick Medium Long

Pet's Age _____ Birth Date: _____

Is Pet Friendly with People ? Yes No

List "any" medications or treatments that are currently in your pet's system

Is Pet Friendly with other Pets ? Yes No

Flea Treatment ? Yes No

Has Pet ever bitten a person ? Yes No

If Yes, Brand: _____

Please comment on Pet's Temperament:

Heartworm ? Yes No

If Yes, Brand: _____

What is your pet eating?

Frequency: Daily Monthly 6 mo Inj

Any Other Medications?: _____

Any Special Instructions / Comments:

Does Pet have Storm Fright ? Yes No

If Yes... Mild Severe

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