

WINDING CREEK KENNELS - PET INFORMATION PAGE

Owner's Name: _____

Pet Name: _____

Breed: _____

Dog Cat Male Female

Neutered or Spayed: Yes No

Pet's Age _____ Birth Date: _____

Medications:

Flea Treatment? Yes No

If Yes, Brand: _____

Heartworm Treatment? Yes No

If Yes, Brand: _____

Frequency: Daily Monthly 6 Mo Inj

Other Medications?: _____

Does Pet Have Storm Fright? Yes No

If Yes: Mild Severe

Color: _____

Approx. Weight: _____

Hair Length: Slick Medium Long

Is Pet Friendly With People? Yes No

Is Pet Friendly With Other Pets? Yes No

Has Pet Ever Bitten A Person? Yes No

Please Comment On Your Pet's Temperament:

What Is Your Pet Eating? *(Brand & Flavor)*

Is Your Pet Prone to Diarrhea? Yes No

Any History of Surgeries, Seizures, Allergies, Illnesses, Etc?: _____

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