

# 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 Prevention?    Yes    No

If Yes, Brand: \_\_\_\_\_

Heartworm Prevention?    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?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Owner's Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Dog    Cat    Male    Female

Neutered or Spayed:    Yes    No

Pet's Age \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Medications:**

Flea Prevention?    Yes    No

If Yes, Brand: \_\_\_\_\_

Heartworm Prevention?    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?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_