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?: _____
_____
_____
_____

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