



Pet Information:

Pet name: _____

Male: _____ Female: _____ Birthday: _____

Spayed/Neutered: Yes: _____ No: _____ Breed: _____

Color: _____ Distinctive markings: _____

Microchip company and number: _____

Tattoo description/location: _____

City of Cranbrook license number or other if applicable: _____

Owner Information:

Owners name: 1. _____

2. _____

Physical address: _____

Mailing address (if different): _____

Contact Information: Primary: _____ Secondary: _____

Email: _____

Emergency contact: _____

Would you like us to contact you when your dog has completed their adventure?

Text _____ Email _____ No thanks _____

Behavior and Temperament:

Please comment on any of the following behaviors you have witnessed in your dog:

Leash aggression: _____ Biting or nipping: _____

Dog aggression: _____ Excessive barking: _____

Food aggression: _____ Dominance behaviors: _____

Rough play that leads to aggression: _____

Possessive/protective towards toys/people/other dogs: _____

Chase cats, cars or critters: _____

Does your dog have any fears or anxieties? (loud noises, children, bicycles) How do they respond?

Are there any other behavior issues or information we should know about your dog?:

Please comment on how your dog responds to the following:

Greeting strangers: _____ Greeting other dogs: _____

Being touched/examined (feet, mouth, ears ect.): _____

What is your dogs recall word?: _____

What are your dogs favorite activities and rewards?: _____

Pet Pick-up and Drop-off Information:

Key or code provided and left with us on an ongoing basis: _____

Key left for pickup and drop off at predetermined location: _____

****please check all keys****

When picking up your pet, where will we find them?: _____

Where would you like your dog returned if muddy or wet?: _____

Where will we find your dog's leash, treats food ect.?: _____

In the event your dog will be transported in the sitter's vehicle to designated hiking areas, does your dog?:

Wear a harness or seatbelt: _____ Jump into back of vehicle: _____

Tolerate a crate: _____ Tolerate being picked up: _____

Tolerate riding with other dogs: _____

Medical Information:

Vet name and clinic: _____

Phone: _____

Date of last vet check: _____

Date of last vaccines: Rabies: _____ Parvo: _____ Kennel cough: _____

Known medical issues: Please provide details: _____

Medications your pet takes, including dosage and frequency: _____

Allergies or sensitivities to foods or medications: _____

Has your pet ever had surgery (other than spay/neuter): _____

Has your pet ever had a broken bone or suffer from arthritis: _____

In case of emergency, or suspected medical problem, check one of the following:

Take my pet to the vet immediately. I understand I will responsible for all costs incurred.

Try to contact me or my emergency contact prior to taking my pet to the vet. I understand I will be responsible for all costs incurred.

In the event my pets regular veterinarian is not available and it is felt my pet requires medical attention, I give Kootenay Concierge and it's agents permission to take my pet to another veterinarian for urgent care if needed and I am responsible for all costs.

We request that you advise your vet that Kootenay Concierge and its agents are authorized to bring your pet for care if needed and I am responsible for all costs.

I have read, understand and accept all of the above statements related to veterinary care for my pet while in the care of Kootenay Concierge

Date: _____

Owner signature: _____

Print name: _____



Licensed, Insured, Bonded

Dawn 250-417-7613

kootenayconcierge.ca