



Pet Profile (Intake Form)

Big Dog's In Home Canine Care LLC

Welcome to Big Dog's In Home Canine Care LLC! To ensure the best possible care for your dog, please complete this intake form with detailed and accurate information.

Owner Information

Field	Detail
Owner's Full Name	<input type="text"/> Person
Secondary Contact Name	<input type="text"/> Person
Primary Phone Number	<input type="text"/>
Secondary Phone Number	<input type="text"/>
Email Address	<input type="text"/>
Home Address	<input type="text"/> Place

Emergency Contact (Other than Owner)

Field	Detail
Name	<input type="text"/> Person

Field	Detail
Relationship to Owner	
Phone Number	

Veterinary Information

Field	Detail
Clinic Name	
Veterinarian's Name	
Phone Number	
Clinic Address	<input type="text" value="Place"/>

Dog's Information

Field	Detail
Dog's Name	
Breed	
Age	
Weight	
Color/Markings	
Sex	
Spayed/Neutered (Yes/No)	
Microchip Number	

Health and Medication

Please list any known allergies (food, environmental, or medication).

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Does your dog have any existing medical conditions (e.g., arthritis, diabetes, seizures)?

Is your dog currently taking any medication? If yes, please provide details below:

Medication Name	Dosage	Frequency/Time	Method of Administration
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Please describe any physical limitations or special needs:

Behavioral Information

Question	Yes/No	Details/Comments
Is your dog house-trained?		
Is your dog crate-trained?		
Does your dog have separation anxiety?		
Is your dog friendly with people?		
Is your dog friendly with other dogs?		
Has your dog ever bitten or shown aggression?		
Does your dog have any known fears (e.g., thunder, vacuum)?		

How does your dog typically alert you when they need to go outside?

What are your dog's favorite toys, games, or activities?

Feeding Instructions

Field	Detail
Brand and Type of Food	
Amount per Meal	
Feeding Schedule (Times)	
Treats Allowed	

Caregiver Instructions

Please describe your typical walk routine (e.g., leash type, pace, duration, behavior on walks):

Where does your dog sleep at night?

Are there any areas of the house or yard that are off-limits?

What is your preferred method of discipline or correction?

Waiver and Signature

I, the undersigned owner, certify that the information provided is true and accurate. I authorize Big Dog's In Home Canine Care LLC to seek veterinary care for my dog in case of an emergency, and I agree to be responsible for all costs incurred.

Owner Signature: _____

Date: Date

Thank you for choosing Big Dog's In Home Canine Care LLC! We look forward to caring for your dog.

Please provide a copy of your dog's current vaccination records upon submission of this form. The records can be attached via this file link: File .