



Lake Stevens K9 Academy Intake Form

Kim Dailey - Trainer / Pet Sitter 🐾 www.lkstevensk9academy.com



Kim Dailey - 425.772.0768 - Email: kim@lkstevensk9academy.com

Date: _____

Owner Name: _____ Pet Name: _____

Address: _____

Phone Number: _____

Where to find us when we are away:

Address: _____

Phone: _____ Alt Phone: _____

Estimated Time Home: _____

Emergency Information:

Vetrinarian Name: _____

Address: _____

Phone Number: _____

Emergency Contact:

Name: _____

Daytime Phone: _____ Alt. Phone: _____

IN CASE OF EMERGENCY I WILL FIRST TRY TO USE YOUR CURRENT ESTABLISHED VETERINARIAN. If I AM UNABLE TO USE CURRENT VET, I WILL USE PILCHUCK VET. ANIMAL HOSPITAL IN SNOHOMISH, WA.

PET INFORMATION:

Current Shots: Yes _____ No: _____ Date of last shots: _____

What was included in last shot series: _____

Does pet use crate? Yes _____ No: _____ If yes please explain usage: _____

Where does your pet typically sleep?: _____

Feedings: AM _____ PM _____ Both? _____ How much: _____

How is food prepared?: (Example: dry/moist, etc): _____

Does your pet have any medications? _____

Leash/Halter Trained? _____

Likes other animals? Yes _____ No _____ Other info: _____

Spayed/Nuetered? Yes _____ No _____ Age: _____

Ever bit a person or other Dog? Yes _____ No _____ If yes explain: _____

Does your dog like the car? Yes _____ No _____ In crate or out _____

If dog does it like cats? Yes _____ No _____

Does your dog ever chew things up? _____

Does your dog dig to try and escape areas when fenced in? Yes _____ No _____





Lake Stevens K9 Academy Pet Care Agreement

All pet care emergencies and damages caused to or by your pet, are solely the responsibility of the pet owner.

I agree to pay for all charges incurred from my pet or to my pet:

Owner Signature

Date

Lake Stevens K9 Academy

Kim Dailey

Date

Additional Comments / Information: