

MORNINGSIDE HAPPY TAILS

712-276-3138

Pet's Name: _____ **Male or Female** Age _____

Breed _____ **Color** _____ **Size** _____ **Neutered/Spayed?** Yes No

General Guest Information

How would you explain your pet's personality? _____

Does your pet have any fears (i.e. thunder, sticks, baseball caps, children etc.)? **YES NO**

If so, please describe: _____

Is there any part of your pet's body they are sensitive if picked up? **YES NO**

If so, please describe: _____

Has your dog ever climbed or jumped a fence? **YES NO** Have they ever tried to bite a person? **YES NO**

If so, please describe: _____

Feeding Instructions

Are you providing snacks from home? **YES NO** May they eat our snacks as well? **YES NO**

Are you providing food from home? **YES NO**

When they are normally fed? (Circle all that apply) **Morning Afternoon Evening Always Available**

What size serving do they receive: _____ **Cup(s)**

Do you have any special preparation instructions you would like for us to follow? **YES NO**

Please describe: _____

Is there any other information we need regarding feeding and/or snacks? **YES NO**

Please describe: _____