KDH

Health & Behavior Information

Please list any medical conditions, allergies, injuries, limitations, or behavioral concerns:

_____

_____

_____

Feeding Instructions (Daycare Hours Only)

☐ No food needed during daycare hours

☐ Food provided by owner

Feeding instructions (if applicable): _____

_____

_____

Medication Information (Daycare Hours Only)

☐ No medication required during daycare hours

☐ Medication required

Medication name / dosage / instructions: _____

Treat Authorization

☐ Owner allows treats during daycare

☐ Owner does NOT allow treats during daycare

☐ Kim's Dog House may provide treats

☐ Owner will provide treats

Veterinarian Information

Veterinary Clinic Name: _____

Veterinarian Phone Number: _____

Owner Confirmation

I confirm that the information provided above regarding my dog is accurate to the best of my knowledge.

Owner Signature: _____

Date: _____