

**Diamond Creek LLC  
PET PROFILE**

*\*Please use a separate form for each pet. You will be asked to verify this info each stay\**

Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Would your Email to be added to our monthly Newsletter list? \_\_\_\_\_

Guest's Name: \_\_\_\_\_ Breed/Breed Mix/Species: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pet's Weight: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Practice Name: \_\_\_\_\_ Veterinarian phone: \_\_\_\_\_

How did you find out about Diamond Creek? \_\_\_\_\_

Brand of pet food dry/canned/raw that you feed at home? \_\_\_\_\_

What kind of protein source (main ingredient in food), e.g., beef, chicken, lamb etc. \_\_\_\_\_

Do you use raised food dishes at home? YES / NO (circle one) If so, what height? \_\_\_\_\_

How many times a day do you feed? \_\_\_\_\_ How much food measured by cups per meal: \_\_\_\_\_ Daily total food intake measured by cups: \_\_\_\_\_

Do you add anything to the dry food (i.e. canned food, water, broth, yogurt)? \_\_\_\_\_ How much? \_\_\_\_\_

Special Diet and or Feeding instructions: \_\_\_\_\_

*If we run out, we will try to get your food at your own expense or switch to ours if we are unable.*

**Any known allergies i.e. shampoos, perfumes, types of food etc.?** \_\_\_\_\_

*Please also list if owner is allergic to any of the listed items and indicate "owner allergy"*

**Please list any long term or recurring medical conditions** (i.e. ear infections, tick borne diseases): \_\_\_\_\_

Please indicate **long-term** medicines or supplements to be dispensed including name, what it's prescribed for, and the instructions (list more on back):

Medication/Supplement:	Prescribed/Used for:	Dosage: include am or pm	Administered by: please circle
			In food / in treat / manually / topical
			In food / in treat / manually / topical
			In food / in treat / manually / topical

Does your pet normally get any of the following items at home without supervision (check all that apply):

Bedding (stuffed/non-stuffed)     Nylabones     Kongs (stuffed/empty)     Other toys: \_\_\_\_\_

Does your pet have reactions to any of the following situations (check all that apply and please explain in further detail on the back side):

Thunder Storms     High Winds     Extreme temperature (heat/cold) Fireworks/Loud noises Tell us about your pet,

What should we know so that we may provide the best care to him/her? (Use back for more space): \_\_\_\_\_

Has your pet stayed away from home and family before? YES / NO

Were there any behavioral/medical concerns that you were made aware of? YES / NO If yes, please explain: \_\_\_\_\_

Are there any food possession/toy possession issues? **YES / NO if yes please explain below:** \_\_\_\_\_

NO     YES, with other animals     YES, with humans     YES - with both animals & humans

**MULTI PETS (Only applies to pets of the same family sharing a suite or residing at the same time):**

When sharing a suite do they need to be supervised/separated during feeding? YES / NO

\* If yes, please explain why: \_\_\_\_\_

If in separated suites can they play together during exercise YES / NO

Date	Client's Initials

Date Filled Out: \_\_\_\_\_ Signature: \_\_\_\_\_

Feel free to use the **back** for more information/details: Please initial here if information is on the back \_\_\_\_\_

