



1558 Will Geer Rd, Topanga, CA 90290  
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## PET PROFILE

### OWNER'S INFORMATION:

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Pets (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Your Phones: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (alt) \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ Email \_\_\_\_\_

Their Phones: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (alt) \_\_\_\_\_

***If you will be traveling out of town, please ensure your emergency contact is in town and available.***

### PET'S INFORMATION & FEEDING *(If you have more than one dog, please fill out a separate Pet Profile for each.)*

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

☐ Male ☐ Female ☐ Neutered/Spayed Dog spends most of the day: ☐ Inside ☐ Outside

Can your dog jump/climb over fences? \_\_\_\_\_ If so, how high? \_\_\_\_\_ Is your dog crate trained? \_\_\_\_\_

Feeding: ☐ AM ☐ PM How many cups per feed? \_\_\_\_\_ Brand of Food \_\_\_\_\_

Does your dog normally free-feed throughout the day? \_\_\_\_\_ If finicky, may we use some enticements? \_\_\_\_\_

### MEDICATIONS and SUPPLIMENTS:

1. \_\_\_\_\_ Dosage: \_\_\_\_\_ ☐ AM ☐ Noon ☐ PM

2. \_\_\_\_\_ Dosage: \_\_\_\_\_ ☐ AM ☐ Noon ☐ PM

3. \_\_\_\_\_ Dosage: \_\_\_\_\_ ☐ AM ☐ Noon ☐ PM

Additional Notes:

### MEDICAL HISTORY:

Please list any previous or current medical problems, allergies, or prior injuries. *(Example: prone to hotspots, ear or eye infections, arthritis, prior surgeries, skin issues, rashes or scars, etc.)*

### VETERINARIAN INFORMATION:

Name of Clinic/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Date of Dog's last exam: \_\_\_\_\_