



1558 Will Geer Rd, Topanga, CA 90290

310 455-7897

CanyonViewDogs@gmail.com

www.CanyonViewRanch.com

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: _____