**\*please take this document with you to your appointment or send it back to us**

***Pet information***

Name: ........................................................................ Age : ..................................................................... Breed : ............................................................................. Sex: [ ] Male [ ] castrated .................. [ ] Female [ ] sterilized

***Character of your pet*** ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

***Sleeping*** – where does the dog stay at night?

[ ] in a cage [ ] free in a room

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***Feeding*** – What does your dog eat + how many times a day? / Does your dog have a sensitive stomach? / Can he or she eat our food (healthy dog)?

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***Fears*  –** Is your dog showing any signs of flight behavior? / is he or she anxious? > if so, why?

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***Health***  Has your dog a valid KennelCough nose drops vaccination?

[ ] yes [ ] No

Does your dog have a valid cocktail vaccination?

[ ] yes [ ] No

***Medical –*** Does your dog have further medical complaints / is he or she receiving medication? / Does he or she have allergies?

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***Other points of interest that may be important to us :***

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***Please indicate wat interests you got :***

[ ] Dog pension (holiday stay and/or day care) [ ] Pick-up/drop-off service (pick-up and return at home with the Joekelz bus)

***Contact person for the day***

Name :…………………………………………………………………………………………… Phone number:………………………………………………………………………..…….....……