



## Chug Life Inn – Drop-In Visit Pet Information Sheet

### Owner Information

- Full Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone (Primary/Secondary): \_\_\_\_\_
  - Email: \_\_\_\_\_
  - Emergency Contact Name & Phone: \_\_\_\_\_
  - Preferred Method of Contact:  Call  Text  Email
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### Pet Information

- Pet's Name: \_\_\_\_\_
  - Breed/Species: \_\_\_\_\_
  - Age: \_\_\_\_\_ Sex:  Male  Female
  - Weight: \_\_\_\_\_ Color/Markings: \_\_\_\_\_
  - Microchip Number (if applicable): \_\_\_\_\_
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### Health & Medical

- Veterinarian Name & Phone: \_\_\_\_\_

- Medical Conditions: \_\_\_\_\_
  - Medications (Name, Dosage, Time): \_\_\_\_\_
  - Allergies: \_\_\_\_\_
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### **Feeding & Treats**

- Food Type/Brand: \_\_\_\_\_
  - Feeding Schedule & Amount: \_\_\_\_\_
  - Treats Allowed: \_\_\_\_\_
  - Dietary Restrictions: \_\_\_\_\_
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### **Daily Routine & Preferences**

- Walks/Outdoor Needs: \_\_\_\_\_
  - Playtime Preferences/Toys: \_\_\_\_\_
  - Bathroom Routine: \_\_\_\_\_
  - Comfort Items (Blanket/Toy): \_\_\_\_\_
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### **Behavior & Training**

- Commands Known: \_\_\_\_\_
  - Behavior Around People/Other Pets: \_\_\_\_\_
  - Fears or Triggers: \_\_\_\_\_
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**Additional Notes / Special Instructions:**

(house access can be given later)

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**Owner Authorization**

I certify that the above information is accurate and give permission for **Chug Life Inn** to provide care according to these instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_