



HEALTH INFORMATION FORM AND FEEDING SCHEDULE

(please complete and submit a separate form for each dog attending)

Dog Name _____ Owner(s) Name _____

Please list any medical conditions, injuries, allergies or other health concerns _____

Is your dog currently on any medications? No Yes (If Yes, please provide details below)

Please note that all medications brought to our facility must be in their original container with the original labeling and dosage/administration information as prescribed by your veterinarian.

Medication #1 _____ Dosage _____

Time & Frequency of Administration: _____

Morning – Time: _____ Afternoon – Time: _____ Evening – Time: _____

Special Instructions _____

Medication #2 _____ Dosage _____

Time & Frequency of Administration: _____

Morning – Time: _____ Afternoon – Time: _____ Evening – Time: _____

Special Instructions _____

Medication #3 _____ Dosage _____

Time & Frequency of Administration: _____

Morning – Time: _____ Afternoon – Time: _____ Evening – Time: _____

Special Instructions _____

Date of last vaccination: DHLPP/DHPP _____ Rabies _____ Bordetella _____

Has your dog been: Spayed Neutered Under 6 months of age – Not Required

Feeding schedule:

__ Client Providing Food – Brand Name: _____

__ Diggin' Inn Pet Resort House Food

Morning – Quantity: _____ Special Instructions: _____

Afternoon – Quantity: _____ Special Instructions: _____

Evening – Quantity: _____ Special Instructions: _____