



### 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: \_\_\_\_\_  Uptown Dog House Food

Morning – Quantity: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Afternoon – Quantity: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Evening – Quantity: \_\_\_\_\_ Special Instructions: \_\_\_\_\_