



406-777-7326
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Dog Profile Enrollment Form

Owner Name
Owner address city state zip
Phone #1
Phone #2
Emerg contact #
Email
Cell/text availability yes no

Pets Name
Age Sex Breed Weight Spay/Neuter

Feeding Schedule/Amount
Special Needs - Please list/describe
Any known treat allergies yes no

Currently receiving any medications yes no
if yes - list medication & dosage requirements
Currently on flea protection yes no brand/last dose date

Vet Clinic Info

Name of vet Phone
Clinic name Fax
Address
After hrs emerg #/contact Email

Describe your dog's personality/temperament

How does you dog react to other dogs

List any commands your dog understands & responds to

List any behavioral issues/problems

Any other helpful additional info about your pet that you'd like to share

Emergency Care/Vet release information - to be discussed & determined at drop off

Can we have your permission to use any pics/video of your pet(s) in any Dog Pad, LLC website promotions or social media? yes no