



*** Dancing Paws Pet Information ***

Client Name: _____

Pet's Name: _____

Type of pet: _____

Color: _____ Sex: M___ F___ Age: _____ Birthday: _____

Feeding Information:

Type(s) of food: _____

Meal Schedule: _____

Supplements, vitamins, treats etc.: _____

Location of food & water bowls: _____

Additional feeding info: _____

Special handling (ex: aggression, deafness or blindness, medical conditions, etc.):
