My **Doggy Details!**





Basic Infomation

Name:

Breed:

Date of birth:

Sex: Male Female

Neutered: Yes No

Weight (approx): Kg

INCLUDE PHOTO HERE

Health & Medical

Vet name & contact:

Microchip number:

Insurance details:

Vet address:

Health conditions (if any):

Medications:

Allergies or sensitivities:

Vaccination status:

Feeding

Brand / Type of food:

Feeding times:

Amount per meal:

Meal times:

Feeding notes (e.g. picky eater, special diet):

Treats:



For every dog, for every owner, we're by your side. **www.dogstrust.ie**



Routine & Exercise	
Walks per day: Once Twice Other:	
Duration & preferences (e.g. short walks, off-lead):	
Favourite toys or games:	
Nervous when left alone?: 🗸 Yes 🗸 No	(),
Where does your dog sleep:	
How do they react to:	
Car journeys:	
C Baths or water:	
Grooming:	
Being picked up or handled:	
Behaviour & Personality	
Temperament (e.g. shy, excitable, snuggly):	
Likes (e.g. beach walks, belly rubs, going in the car):	
Dislikes or Triggers (e.g. loud noises, other dogs):	
Commands Known: Sit Stay Recall Paw Other:	
Social With: Adults Children Other Dogs Cats	
Emergency Contacts	************
Owner's Name:	
Phone Number:	7 Z
Alternative Contact (if owner unavailable):	Z
Name:	
Phone Number:	
Additional Notes / History	
(e.g. rescue background, recent changes, routines to keep consistent)	

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