



Pet Information

Owner _____
 Pet Name(s) _____
 Pet Type: dog/cat _____
 Pet Breed _____
 Pet Age or Birthdate _____
 Pet Gender: Male/Female _____
 Microchipped: No/Yes# _____
 Licensed No/Yes# _____
 Is your pet:
 Spayed: Yes/No _____
 Neutered: Yes/No _____
 Declawed: Yes/No Front/Back _____
 Other: _____

Veterinary Care
 Clinic Name _____
 City/State _____
 Dr. Name _____
 Phone# _____
 Does pet have allergies: Yes/No _____
 Allergy types _____
 Are Vaccinations current? Yes/No _____
 Does pet require medication? Yes/No _____
 Medication #1 _____
 Medication #2 _____
 Are there any other conditions we should know about?
 Yes/No _____

Daily instructions
 What time(s) should we feed your pet? _____
 What type of food at each feeding? _____

 Does your pet have food related aggression issues? Yes/No _____
 Is your pet allowed to have treats? Yes/No _____
 How often does your pet need potty breaks? _____
 Would your pet like to be walked every day? _____
 If medication needed, what is the schedule? _____
 What is their usual wake up time & bed time? _____
 Additional info _____

Temperment/Personality
 Has your pet ever acted aggressively toward a person? Yes/No _____
 Has you your pet ever acted aggressively toward another animal? Yes/No _____
 Has your pet ever injured itself out of boredom? Yes/No _____
 List any commands your pet knows _____
 Anything your pet is uncomfortable with or scared of? _____
 Your pet's favorite toys, games or activities? _____
 Does your pet have any destructive behavior such as chewing beds, furniture, etc? If so, please explain _____

 Does your pet need to be confined to a crate when alone? _____

 Comments _____

Print Owners Name _____

Owners Signature _____ Date _____