



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 _____

Temperament/Personality
Has your pet ever acted aggressively toward a person? Yes/No _____
Has 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 _____