

Pet Information: Name of Pet

Date:

(Please complete one form for **each** pet. If feeding instructions are the same for all, simply fill out that section on only one form.)

Dog or Cat? **Male or Female?** **Breed and Color:** **Age:** _____ **Weight:** _____

Current on vaccinations? Y/N **Spayed/ Neutered?** **Purchased or Rescued?** **Microchipped?** Y/N **Tags?** Y/N

How long have you had him/her? _____ **Collar?** **Color of collar?**

Has this pet **ever bitten or scratched** anyone? Y/N **If yes, please explain** _____

Is he/she an **escape artist?** Y/N Does he/she ever **hide** inside your home? Y/N If yes, where?

Does he/she suffer from **separation anxiety?** Y/N Is this pet afraid of **storms?** Y/N If so, what calms him/her? _____

For Dogs Only: **Temperament test completed by me?** Y/N

Has doggy door? Y/N

If crated, is he/she crate aggressive? Y/N

Kept in crate? Y/N

If yes, is he/she more aggressive while being put in crate or while being let out of it?

Where do you keep extra leashes, collars, transport crates, waste bags? _____

FEEDING INSTRUCTIONS: (Please fill out completely.)

Brand of food: Dry or Wet or Combination? How much?

Where stored? Where fed? Feeding time(s):

Treats: What kind and how many? _____

Any other special feeding instructions? _____

Is this pet food aggressive: Y/ N? Towards people? Or other pets? _____

Water: regular or filtered/bottled? _____

HEALTH:

I ask these questions to protect your pets and other clients' pets. Specific information allows me to take the best care of your pet's health and to prevent the spread of disease.

Does this pet require any **medications or supplements?** Y/ N

(If yes, see med waiver. We'll fill out one for each pet requiring meds/supplements.)

Any medical problems, **contagious illnesses**, or physical problems (including seizures) to watch for? Y/ N

If yes, explain: _____



Pet Info p.2 (pet's name: _____)

Attitude:

Attitude towards strangers (of the human variety): _____

Attitude towards your other pets (if any): _____

Likes:

Favorite place to be petted (e.g. head, back, etc.): _____

Favorite activities and/or toys: _____

Favorite words (in addition to pet's own name): _____

Dislikes:

Places **not** to pet or touch:

What might cause this pet to bite or scratch me? _____

(Dogs only): Known Commands: _____

(DOGS ONLY) EXERCISE/OUTSIDE:

Walks? Y/N Length of time: _____

Is your dog **aggressive towards other** dogs on walks? Y/N If so, I will not walk your dog. Will do potty breaks only.

Walks in rain? Y/N

Locations to walk: _____

House numbers of yards to avoid, or other streets or areas to avoid: _____

Type of fence: Electric: _____ Wood: _____ Chain Link: _____ None: _____ Other: _____

Is fence secure all the way around? Y/N Are gates secure? Y/N