**Pet Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pet Name: | | | | Species: | | | |
| Breed | Weight | | | Age | | | Color: |
| (\_\_)Male     Neutered:  Y  /  N | | | | (\_\_)Female     Spayed:  Y  /  N | | | |
| ID Tag | | | Tattoo | | Microchip | | |
| Please initial to verify that any and all applicable **vaccinations and licenses** as required by law are current: | | | | | | | |
| Notable Medical Information, Allergies, Phobias etc. | | | | | | | |
| **MEDICATIONS** | | | | | | | |
| Name | | Dosage | | | | How to Administer | |
|  | |  | | | |  | |
|  | |  | | | |  | |
| **FEEDING SCHEDULE** | | | | | | | |
| AM: Name of Pet Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size of Portion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PM: Name of Pet Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size of Portion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Treats Allowed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **EXERCISE SCHEDULE** | | | | | | | |
| Activity \_\_\_\_\_\_\_\_\_\_\_\_ Frequency and Duration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Activity \_\_\_\_\_\_\_\_\_\_\_\_ Frequency and Duration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of suitable harnasses/collars for walks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred time for walks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | |
| Has the pet ever bitten a person   Y  /  N  Has the pet ever started a fight with or bitten another animal   Y  /  N  Is the pet friendly towards children and adults   Y  /  N  Name things your pet dislikes:  Name things your pet likes:  Favorite hiding place(s):  Favorite toy(s):  Restricted areas:  Additional information: | | | | | | | |
| Owners Full Names: | | | | | | | |
| Identity/Social Security/Other (specify) numbers: | | | | | | | |

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| I, the owner of the above listed pet warrant that the information contained herein is true and correct to the best of my knowledge.   Owner's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |