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**Owner:**  **Pet Name:**

Length of Time Owned:  Pet Type: Dog / Cat / other /

Breed:  Sex: M/F Declawed: Y/N Neutered: Y/ N

License #: Microchip/Tattoo/Dog Tag #:

Physical Description: Birth date:  Or Approx. Age:

Weight: Or Size:

**Feeding Instructions:**

Feed apart from other pets/supervise  Dispose of uneaten food  Remove food after \_\_\_\_ Min

|  |  |  |  |
| --- | --- | --- | --- |
| **Dry** Brand:  Measure with:  Amount:  Mix with: |  | Morning  Afternoon  Dusk  Night | Location/Procedure: |
| **Wet** Brand:  Measure with:  Amount:  Mix with: |  | Morning  Afternoon  Dusk  Night | Location/Procedure: |
| **Medication(s)**:  Name  Dose  Prescribed for |  | Morning  Afternoon  Dusk  Night | Location/Procedure: Hide in Treat? Y/N Other: |
| **Medication(s)**:  Name  Dose  Prescribed for |  | Morning  Afternoon  Dusk  Night | Location/Procedure: Hide in Treat? Y/N |
| **Medication(s)**:  Name  Dose  Prescribed for |  | Morning  Afternoon  Dusk  Night | Location/Procedure: Hide in Treat? Y/N |
| **Water** | *Water will be cleaned and filled frequently* | Tap  Bottled  Filtered | Dish Location:  Water Location: |
| **Treats** Name:  Amt:  Location: |  | **Notes:** | |

**Pet Areas:**

|  |  |
| --- | --- |
| NOT allowed outdoors at all  ONLY allowed outdoors on leash  Turn out, invisible fenced yard with collar  Turn out, secure fence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Turn out, no fence, but doesn’t leave yard  NOT allowed indoors | Allowed on furniture, counters, beds  Restricted pet area/crate only when pet is alone  Restricted pet area/crate always  Restricted Area/Crate Location:  Other off-limit areas: |

**Emergency Care:** *\*Placing Credit Card on file at vet’s office is recommended*

**Vet Name: Pet Allergies:**

**Clinic Name: Vaccinations up to date on (month/yr):**

**Phone: Heartworm test: Negative / Positive**

**Pet Medical History:** **(ongoing or reoccurring known illnesses/injuries, treatments & medications**)

**Temperament/Personality:**

Pet Dislikes:

New Animals  Sprays  Sharing Food Dishes

Hot Weather  Rain / Snow / Cold  Loud Noise / Vacuum / Disposal / Thunder

Massage  People close to food  Any Humans

Touch Ears  Other family pets  Strangers

Certain items, e.g. hats  Certain people, e.g. kids, men

Pet reacts to the above by:

**Has Pet Ever:** Describe (even if mild, or under extreme/unusual situations)

Attacked someone/bit someone

Attacked another animal

Injured self /escaped out of fear

Injured self out of boredom

Escaped from home,

Where does he/she like to escape?

How can he/she be retrieved?

Commands: (Please circle commands we know, and underline commands we are working on):

Sit No Outside Make Poo Potty Bad Bath Into the House

Stay Down Walk Food Who’s Here Good Move Ride

Come Lay Don’t Pull Treat Back Drop [it] Come-on

Heel Out Walk Nicely Cookie Naughty Don’t Touch Off

Allowed to go for rides in sitter vehicle? Y / N Favorite Toys & Activities:

Comments:

Client/Owner Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_