

Pet Information 1/2

Pet Name		Species	
Breed	Weight	Age	Color
(<input type="checkbox"/>) Male Neutered: Y / N		(<input type="checkbox"/>) 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 _____			

Pet Information 2/2

EXERCISE SCHEDULE
Activity _____ Frequency and Duration _____
Activity _____ Frequency and Duration _____
Location of suitable harnesses/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:
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: _____