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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 alwaysRestricted 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: \_\_\_\_\_\_\_\_\_\_\_\_