



PET INFORMATION FORM

PET NAME: _____ CAT DOG BIRD OTHER _____

SEX: FEMALE SPAYED? NO YES MALE NEUTERED? NO YES

COLOR: _____

BREED: _____ PET'S DATE OF BIRTH: _____

PET'S WEIGHT: _____

FEEDING INSTRUCTIONS:

A.M. _____

P.M. _____

BRAND OF PET FOOD USED: _____

MEDICATIONS: _____

ADMINISTER	NAME OF MEDICATION	WHEN TO ADMINISTER MEDICATION	AMOUNT	HOW TO
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DAILY EXERCISE TO BE GIVEN: YES NO _____

RABIES SHOT IS GOOD THROUGH (DATE) _____

DHLPP SHOT IS GOOD THROUGH (DATE) _____

ANY HISTORY OF ILLNESS? YES NO IF YES, EXPLAIN: _____

PET'S COLLAR COLOR: _____ ID TAGS/MICRO CHIPPED? YES NO

FAVORITE TOYS AND SPECIAL TREATS: _____

MAY PET SITTER GIVE YOUR PET TREATS? YES NO

PERSONALITY (INCLUDE PHOBIAS/FEARS) _____

HAS YOUR PET EVER SNAPPED AT OUR BITTEN ANYONE? YES NO IS YOUR PET GOOD WITH CHILDREN? YES NO

DOES YOUR PET HAVE A HISTORY OF BITING OR FIGHTING WITH OTHER ANIMALS? YES NO

DOES YOUR PET HAVE ANY DESTRUCTIVE BEHAVIORS? _____

ARE YOU AWARE OF ANY REASON WE SHOULD APPROACH YOUR PET WITH CAUTION? _____

HOW DOES YOUR PET REACT TO YOUR ABSENCE FROM HOME? _____

WHAT IS YOUR DOLLAR LIMIT ON EMERGENCY PET CARE? _____