

Please complete this form for each pet

Pet Name _____ Species: Cat Dog Bird Other

Breed _____ Color _____ Sex: Female Male

DOB/Age _____ Weight _____ Altered? Spayed Neutered

Description _____

Collar Color _____ ID Tags? Yes No

Feeding Instructions

AM _____

Noon _____

PM _____

Brand of Pet Food _____ Location of Food _____

Food Bowl Location _____ Food Storage/Backup _____

Treats Allowed? Yes No Brand of Treats _____

Food Allergies? Yes No If Yes, Explain _____

Medications

Medication & Strength	Frequency of Dose	Dose (mg)	Route
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vaccinations

RABIES	_____	Expiration	_____
BORDETELLA	_____	Expiration	_____
DHPP	_____	Expiration	_____
FELV	_____	Expiration	_____
FVRCP	_____	Expiration	_____
D/P TITER	_____	Expiration	_____
C/P TITER	_____	Expiration	_____

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History of Illness: List Illness and Explain

General Information

- Has your pet ever snapped or bitten anyone? Yes No
- Has your pet ever bitten or fought with another animal? Yes No
- Does your pet like to play? Yes No
- Does your pet like to exercise? Yes No
- Is your pet good with children? Yes No
- Should we approach your pet with caution? Yes No
- Does your pet like to be brushed? Yes No

How does your pet react to your absence from home?

Additional Information: (ex. favorite toy, likes, dislikes etc...)