

Pet Information

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 _____			
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:			
Identity/Social Security/Other (specify) numbers:			

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: _____