

ADDITIONAL PET INFORMATION SHEET

Pet # _____

Name _____ aka _____

Sex: _____ Age: _____ Birthday: _____

Breed/Description _____

AM Diet _____ PM Diet _____ Treats _____

Brand of food: _____ Where is food stored: _____

Food Allergies: _____

Special feeding requirements: _____

Vaccines Current? _____ Vaccines Due Date _____

Flea Prevention: _____ Heartworm: _____

Injuries/Special needs: _____

Exercise requirements: _____ Favorite game: _____

Favorite toy(s): _____

Favorite place to be pet/scratched: _____

Known commands: _____

Can pet ride in car?: _____

Swimmer?: _____

Behavior problems/habits/issues: _____

OK with children?: _____

OK with other dogs?: _____

Fears (thunder/fireworks, etc.): _____

Can pet be off leash?: _____

Other info such as: how long in the home, how was pet acquired, how do pets react to strangers, other animals? _____

Potty/Litterbox Routine: _____

Where is cat/dog carrier? _____

GROOMING:

Does pet like to be brushed? _____

Nails clipped?: _____

Where are grooming supplies?: _____

MEDICATION:

Medical history: _____

Where is it stored? _____

Name of med(s)? _____

Dosage? _____

What time of day? _____

How many times per day? _____

Does pet take it well? (If necessary- demonstration by client how to administer) _____

Any possible reactions? _____