



## Pet Information

Pet Name		Specie	
Breed	Weight	Age	Color
(_) Male	Neutered: Y/N	(_) Female	Spayed: Y/N
ID Tag	Tattoo	Microchip: Y/N	
Please initial to verify that any and all applicable <b>vaccinations and licenses</b> as required by law are current:			
<b>FEEDING SCHEDULE</b>			
AM: Name of Pet Food _____		Size of Portion _____	
PM: Name of Pet Food _____		Size of Portion _____	
Name of Treats Allowed _____		Frequency _____	
<b>EXERCISE SCHEDULE</b>			
Activity _____		Frequency and Duration _____	
Activity _____		Frequency and Duration _____	
Location of suitable harnesses/collars for walks _____			
Preferred time for walks _____			
<b>GENERAL INFORMATION</b>			
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: _____			
_____			
_____			
_____			



Notable Medical Information, Allergies, Phobias etc.

**MEDICATIONS**

Name	Dosage	How to Administer

Owner's Full Names:

Owner's Physical Address:

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: \_\_\_\_\_

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