

Paws By The Beach LLC

Emergency Care: **Placing Credit Card on file at vet's office is recommended*

Vet Name: Pet Allergies:

Clinic Name:

Clinic Phone:

Vaccinations up to date on (month/yr):

Heart worm test: Negative / Positive Unknown

Rabies Expiration Date:

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

Temperament/Personality:

Pet Doesn't Like:

Baths Hot Days Sharing Food Dishes

Toenail Clip Rain / Snow / Cold Loud Noise / Vacuum / Garbage Disposal / Thunder

Massage New Animals / All Humans /

Touch Ears / Other family pets / Strangers /

Sprays / People near food dish

Pet reacts to the above by:

Has Pet Ever: Describe (even if mild, or under extreme/unusual situations)

Attacked someone/bit someone

Attacked another animal

Injured self / escaped out of fear

Injured self out of boredom

Escaped from home,

Where does he/she like to escape to?

How can he/she be retrieved?

Commands: (Please circle commands we know, and underline commands we are working on):

Sit No Outside Make Poo Potty Bad _____ Bath In the House

Stay Down Walk Food Who's Here Good _____ Move Ride

Come Lay Don't Pull Treat Back Drop [it] Come-on _____
Heal Out Walk Nice Cookie Naughty Don't Touch Off

Allowed to go for rides in sitter vehicle? Y / N (For Emergency Purposes only)

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

Signature: _____ Date: _____