

Paws at Home Pet Information Form

Pet Name: _____ Cat Dog Bird Other _____

Sex: Female Spayed? No Yes Male Neutered? No Yes

Color: _____

Breed: _____ Pet's Date of Birth: _____

Pet's Weight: _____

Feeding Instructions:

A.M. _____

P.M. _____

Brand of Pet Food Used: _____

Medications: _____

Name of Medication	When to Administer Medication	Amount	How to Administer
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Daily exercise to be given: Yes No

History of illness? Yes No If yes, explain: _____

Pet's collar color: _____ ID Tags: Yes No

Favorite toys and special treats: _____

May pet sitter give your pet treats? Yes No

Personality (include phobias/fears) _____

Has your pet ever snapped at or bitten anyone? Yes No

Is your pet good with children? Yes No

Does your pet have a history of biting or fighting with other animals? Yes No

Can you groom your pet? Yes No

Are you aware of any reason we should approach your pet with caution? _____

How does your pet react to your absence from home? _____

Dollar limit on emergency care: \$ _____

FOR OFFICE USE ONLY ~ Verified vaccination records

Rabies shot good through (date) _____

DHLPP shot good through (date) _____