

## Pet Information

Pet Name		Species	
Breed	Weight	Age	Color
(__)Male    Neutered: Y / N		(__)Female    Spayed: Y / N	
ID Tag	Tattoo	Microchip	
Please initial to verify that any and all applicable <b>vaccinations and licenses</b> as required by law are current:			
Notable Medical Information, Allergies, Phobias etc.			
<b>MEDICATIONS</b>			
Name	Dosage	How to Administer	
<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:			

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: \_\_\_\_\_