

Pet Parent Questionnaire – New Client Intake

Owner Information

Owner(s) Name(s): _____

Phone Number: _____

Email Address: _____

Home Address: _____

Emergency Contact (Required — cannot be traveling with you)

Name: _____

Phone: _____

Relationship: _____

Pet Information

Pet Name(s): _____

Species (Dog/Cat/Other): _____

Breed: _____

Age: _____

Weight: _____

Gender: ☐ Male ☐ Female

Neutered/Spayed?: ☐ Yes ☐ No

Microchipped?: ☐ Yes ☐ No

Adoption Date / How long owned?: _____

Temperament & Behavior

Energy Level: ☐ Low ☐ Medium ☐ High

Friendly With:

Dogs: ☐ Yes ☐ No ☐ Selective

Cats: ☐ Yes ☐ No ☐ Selective

Children: ☐ Yes ☐ No ☐ Selective

Has your pet ever shown aggression?

☐ No ☐ Yes — explain: _____

Fears or triggers: _____

Can your pet be left alone? ☐ Yes ☐ No

If yes, maximum time comfortable: _____

Routines

Feeding Schedule: _____

Food brand/type: _____

Amount per serving: _____

Potty Schedule: _____

Walking/Exercise Routine: _____

Health & Veterinary Care

Veterinarian Clinic: _____

Preferred Veterinarian: _____

Clinic Phone: _____

Clinic Address: _____

Current Medications: _____

Allergies: _____

Chronic conditions or special needs: _____

Special handling required? ☐ No ☐ Yes — explain: _____

Vaccine & Vetting Confirmation

■ I confirm that my pet is fully vaccinated according to my veterinarian's recommendations.

■ I confirm that my pet is fully vetted and in good health.

■ I understand that providing false information may result in cancellation of services.

Owner Signature: _____

Printed Name: _____

Date: _____

Additional Care Information:
