

Transport and Handling
Four Paws Transport

Pet Intake Form

Owners Name- _____

Cell Phone- _____ Work- _____

Address- _____

Emergency Contact if in the event owner is not available:

Name: _____ Contact Number: _____ Relationship: _____

Name: _____ Contact Number: _____ Relationship: _____

Pet Name- _____ Age- _____ Weight- _____ Gender- _____ Breed- _____

Does your dog have their **Bordatella, DHPP, and Rabies** vaccination? Yes [] No []

Does your cat have a **Rabies** vaccination? Yes [] No []

If dog only has Rabies please explain? (Ei. Pet age, medical condition ect.)

Pet Name- _____ Age- _____ Weight- _____ Gender- _____ Breed- _____

Does your dog have their **Bordatella, DHPP, and Rabies** vaccination? Yes [] No []

Does your cat have a **Rabies** vaccination? Yes [] No []

If dog only has Rabies please explain? (Ei. Pet age, medical condition ect.)

Does your pet have any allergies? If so, do they need medication? Please explain.

Does your pet have medical issues? If so, please explain.

Veterinarian that you use: _____

Transport and Handling

How does your pet travel in the car I.E.(loves the car, has anxiety, not a fan) etc. ? If it gets carsick, is there medication you would give prior to transport? What are the effects?

Can your pet be crated for transport?

How is your pet with vet office/groomers (good, not a fan but ok, needs a muzzle)?

How is your pet with other animals?

Has your pet bitten a human/animal before? If yes please explain:

How is your pet on leash? Any leash reactivity to other dogs? Humans?

Does your pet have any behavioral issues (ie. stranger danger, crate or barrier aggression? If yes, what are the triggers?

Anything else that I should be aware of when handling your pet?