

## **Client Information**

Name:

Address:

Phone number:

E-mail:

Do you allow text messages?

How did you find out about Kat and Dogs Ohio?

**Medical Only Profile (Please complete one form per pet)**

Care will be for (please circle): Dog      Cat      Both

What is their name?

What is their breed/color?

Please describe their personality:

When is their birthday/how old are they?

Who is your veterinarian?

Is your pet spayed (female) or neutered (male)?

Does your pet have any contagious illness/parasites?

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

Has your pet ever bitten anyone, human or animal? If yes, please explain how the events happened.

Please complete the following for your pet's health condition:

What medication will need to be administered?

Where will the medication/supplies be kept?

What is the dosage/how much will need to be administered?

Please list instructions on how to administer medication to pet:

How often will your pet need this medication?

Is there additional information you would like to share about your pet?