



Paws Claws and Moore Pet Sitting LLC

Pet Parents' Information:

First Name(s) _____

Last name _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Phone: Cell #1: _____ Cell

#2: _____ Work: _____

Home: _____

Best way to contact you: _____

How did you hear about Paws Claws and Moore Pet Sitting LLC?

Reason for using Paws Claws and Moore Pet sitting LLC?

Pet Information:

Name #1: _____ Cat or Dog Breed: _____

Color: _____ Male or Female? Spayed or Neutered? Yes or no

When? _____ Date of birth: _____

Weight: _____

Name #2: _____ Cat or Dog Breed: _____

Color: _____ Male or Female? Spayed or Neutered? Yes or no?

When? _____

Date of birth: _____ Weight: _____

(additional pets can be listed on back of form)

Emergency Contact Information (different household than owner):

First Name: _____ Last Name: _____

Cell: _____ Work: _____ Home: _____

First Name: _____ Last Name: _____ Cell: _____

Work: _____ Home: _____

Others authorized to pick up my dog: _____

Veterinarian Information:

Primary Clinic: _____

Preferred Doctor: _____ Phone #: _____

Is your pet on regular flea/tick preventative? Yes or No?

Does your pet take medications on a regular basis? Yes or No? Medication:

Dosage: _____

Reason for taking: _____ Medication:

_____ Dosage: _____

Does your pet have allergies?: Yes or No? Food Related: _____

Medication: _____ Seasonal: _____ Does your pet have previous injuries?: Yes or No? If yes, please explain: _____

Is your pet vaccinated? Yes or no

(copies of vaccinations must be provided and kept on file)

More about your pet:

Where did you find your pet? Rescue Store Shelter Stray Breeder Other:

How long have you had your pet?: _____

Are there any areas on your pet(s) where they do not like to be touched? Yes or No? If yes, explain: _____

My pet is (circle all that apply): Shy Mellow Active Excitable Anxious

Has your pet socialized with other animals: Yes or No? Where? Dog Park Daycare One- on- One Other: _____

My pet interacts best with(Circle all that apply) Big Dogs Small Dogs Humans All

My pet has (circle all that apply): Bitten Growled Snarled Bared Teeth Other threatening behavior: _____

Circumstance: _____

My pet is easily scared by: _____

Has your pet jumped a fence or other barrier? Yes or No? How high?:

Past training history: In Home Group Classes Private None

By whom?: _____

Any additional information you would like Paws Claws and Moore Pet Sitting LLC to know about your pet?: _____

Pet feeding habits- How many times/ day? Best time to feed pet _____

Signature _____

Date _____