



Critter Pet Care  
2516 Taylor Avenue  
Oakland, CA 94605  
510.859.7387  
CritterPetCare.com

## SMALL PET PROFILE FORM

### Client Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorized Picker-Upper's:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Veterinarian:

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Pet Guest Information:

Small pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_ Male  Female  Cage trained

### Medical History:

Is your pet taking any medications? Yes  No  *If yes, inform Critter Pet Care staff and confirm specific medications that should be provided during your pet's stay. If medication administration is agreed upon, please attach documentation and/or special instructions for each medication for each pet.*

Has your pet had any illness in the past 30 days? Yes  No  *If yes, explain:* \_\_\_\_\_

Does your pet have any previous or current injuries, physical problems or health concerns, including allergies? Yes  No  *If yes, explain:* \_\_\_\_\_

Is your pet displaying any symptoms such as coughing, sneezing or upset stomach? Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Vaccination Records:**

Please list any vaccinations your pet has had:

\_\_\_\_\_

Is your pet currently on a flea preventative medication? (Required for rabbits) Yes  No

If yes, name of brand used \_\_\_\_\_ Date it was last administered \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pet Personality:**

Please check all that applies to your pet's personality:

- Outgoing  Timid  Affectionate  Reserved  Feisty   
Friendly  Playful  Independent  Confident  Submissive   
Clingy  Gentle  Aggressive  Dominant

Other \_\_\_\_\_

Please check all that apply to your pet's attributes:

- Likes human contact  Separation anxiety  Has a crate / cage  Noise sensitive   
Talks a lot!  Low activity level  Medium activity level  High activity level

Other \_\_\_\_\_

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the pet subject to this application, that my signature is sufficient to enter into this application for and on behalf of any other owner/representative.

Client signature \_\_\_\_\_ Date \_\_\_\_\_