



Pampered Pets – New Pet Form

(please print and circle one choice to complete this form)



Today's Date _____

Client Information			
Owner Name:	Phone Number:	Email Address:	
Street Address:	City:	State:	ZIP:

Pet Information		
Pet Name:	Gender: Female Male	Neutered or Spayed: No Yes
Type: Dog Cat Other	Birth Date:	Weight:
Breed:	Hair Color and Markings:	Comments:

Personality Information		
Aggressive with Animals: No Yes	Aggressive with Humans: No Yes	Kennel Aggressive: No Yes
Food/Toy Aggressive: No Yes	Leash/Restraint Aggressive: No Yes	Chewer/Destructive: No Yes
Energy Level: Shy Average Hyper	Escaper/Fence Climber or Jumper: No Yes – keep leash on	Obsessions (food, ball, etc.):

Grooming Information		
Burns Easily: No Yes	Scared of Hair Dryer: No Yes	Sensitive Skin: No Yes
Groom Difficulty: Easy Average Challenging	Trim Nails With: Clippers Dremel	Comments:

Medical Information		
Allergies (food, medicine, etc.):	Epileptic: No Yes	Regular Medication:
Emergency Contact:	Emergency Contact Phone:	Other Conditions or Comments:

Veterinary Information			
Business Name:	Phone Number:		
Street Address:	City:	State:	ZIP:

Additional Notes _____
