



PET INFORMATION

Name of Pet: _____

Sex (male/female): _____

Age/Description: _____/_____

Neutered/Spayed (yes/no): _____

Vaccinations current (yes/no): _____

Name of Pet: _____

Sex (male/female): _____

Age/Description: _____/_____

Neutered/Spayed (yes/no): _____

Vaccinations current (yes/no): _____

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Age/Description: _____/_____

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Name of Pet: _____

Sex (male/female): _____

Age/Description: _____/_____

Neutered/Spayed (yes/no): _____

Vaccinations current (yes/no): _____

MICROCHIP INFORMATION:

Company:

Chip number(s): _____

EMERGENCY CONTACT:

Person to contact in case of emergency: _____

Phone Number: _____

VET INFORMATION:

Clinic: _____

Preferred Doctor: _____

Address: _____

Phone Number: _____

Do I have permission to take your pet to the veterinarian, if necessary?

Yes/No: _____

Will pet care be shared with anyone else during your absence?

Yes/No: _____

If YES, please list anyone who has access to your home and has a key:

Name & Phone Number of individual(s):

PET PROFILE:

Feeding Instructions (how much, how many times per day, medications needed, etc...)

Please describe your pets likes and dislikes in the space below (i.e.- favorite toys/places to sleep/places to hide/nicknames-words of comfort/thunderstorm anxiety, etc...)

Indoor/Outdoor Instructions (for dogs- do they have a potty command?):

Is your pet fully housebroken:

Yes/No: _____

If NO, please let me know how you handle clean up, where pee pads are, cleaning supplies and which products you prefer in which areas, etc...
