

**PET INFORMATION**

|   |        |   |      |        |
|---|--------|---|------|--------|
| Pet Name:                                     |        | Specie:                                       |      |        |
| Breed:  |        | WT.   | Age: | Color: |
| <input type="checkbox"/> Male Neutered: Y / N |        | <input type="checkbox"/> Female Spayed: Y / N |      |        |
| ID Tag:                                       | Tattoo | Microchip:                                    |      |        |

Notable Medical Information, Allergies, Phobias etc.

**MEDICATIONS**

| Name | Dosage | How to Administer |
|------|--------|-------------------|
|      |        |                   |
|      |        |                   |

**FEEDING SCHEDULE**

AM: Name of Pet Food \_\_\_\_\_ Size of Portion \_\_\_\_\_  
PM: Name of Pet Food \_\_\_\_\_ Size of Portion \_\_\_\_\_  
Name of Treats Allowed \_\_\_\_\_ Frequency \_\_\_\_\_

**EXERCISE SCHEDULE**

Activity \_\_\_\_\_ Frequency and Duration \_\_\_\_\_  
Activity \_\_\_\_\_ Frequency and Duration \_\_\_\_\_  
Location of suitable harness/collars for walks \_\_\_\_\_  
Preferred time for walks \_\_\_\_\_

**GENERAL INFORMATION**

Has the pet ever bitten a person Y / N  
Has the pet ever started a fight with or bitten another animal Y / N  
Is the pet friendly towards children and adults Y / N  
Name things your pet dislikes:  
Name things your pet likes:  
Favorite hiding place(s):  
Favorite Toy(s):  
Restricted areas:  
Additional information:

Owners Full Names:

I, the owner of the above listed pet warrant that the information contained herein is true and correct to the best of my best of my knowledge.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_