



Pet's Name

Client's Name

Pet's Breed

Pet's Nickname(s)

Pet's Birthdate or Approximate Age

Pet's Colorings or Markings

PLEASE CIRCLE ONE:

Male / Female Intact / Spayed or Neutered Microchipped / Tattooed / None

How long have you had this pet? _____

How did you acquire this pet? _____

How did you hear about us? _____

BEHAVIORAL INFORMATION

Has your pet ever bitten any person? If so, describe. _____

Has your pet ever bitten any animal? If so, describe. _____

HOW DOES YOUR PET REACT TO THE FOLLOWING:

Unknown animals: (male) _____ (female) _____

Unknown People: (male) _____ (female) _____

Puppies or other small animals: _____

Children: _____

Please list any fears or dislikes your pet may have: _____

Is your pet possessive of food or toys? _____

Is your pet destructive when left alone? _____

Does your pet experience separation anxiety? _____

PET ROUTINES

SLEEPING / NAP HABITS

Wakes Up Time: _____

Nap Times: _____

Bed Times: _____

Preferred Sleeping Locations: _____

FOOD SCHEDULE:

Food Brand: _____ Store: _____

Special Food Preparation Instructions: _____

Morning Feeding Time: _____ Amount of Food: _____

Mid-Day Feeding Time: _____ Amount of Food: _____

Evening Feeding Time: _____ Amount of Food: _____

POTTY BREAKS

Morning Time: _____

Afternoon Times: _____

Evenings: _____

FAVORITE TOYS / GAMES:

FAVORITE PLACES TO BE RUBBED / SCRATCHED:

INFORMATION REQUESTED ON DAILY ACTIVITY REPORTS?
