

Pet Information form

Pet Name		Sex	Male / Female
Species		Spayed / Neutered	Yes / No
Breed		ID Tag	
Age		Tattoo	
Weight		Microchip	
Colour			
Please initial to verify that any and all applicable vaccinations and licenses as required by law are current:			
Notable Medical Information, Allergies, Phobias etc:			

Medication		
Name	Dose	How to administer

Feeding schedule		
Name of food	Time	Portion size
Name of treats	Time	Amount

Exercise schedule		
Location	Time	Duration

General Information	
Has the pet ever bitten a person?	Yes / No
Has the pet ever started a fight with or bitten another animal?	Yes / No
Is the pet friendly towards children and adults?	Yes / No
Name things your pet dislikes	
Name things your pet likes	
Favorite hiding place(s)	
Favorite toy(s)	
Restricted areas	
Additional information	

I, the owner of the above listed pet warrant that the information contained herein is true and correct to the best of my knowledge.	
Owners Full Names: _____	
Owner's signature: _____	Date: _____