

Information About My Pet

Pet's Name _____ Species/Sex _____ Breed/Mix _____

Age/DOB _____ Spayed/Neutered Yes No Weight _____ Color _____

Microchip brand and number _____ I/we have owned the pet since _____

Pet was found _____ Pet was purchased from _____

Pet's background (number of prior owners and what happened with them) _____

Ages of children in household _____ Pet has lived with these children _____

Pet has spent most of his time Always outside Mostly outside In garage Outside unless we are home

In a crate In/out at will Always inside

Hours pet has been left alone _____ Where/hours pet sleeps _____

Pet is completely house-trained Not house-trained Mostly house-trained _____

Pet will let you know when he needs to "go" by _____

How pet is used to being exercised daily _____

Pet is confined to our property with _____

Pet has had the following type of obedience training _____

Pet knows these commands/tricks _____

We have consulted a trainer/ behaviorist for the following problem(s) with our pet _____

Pet has bitten or snapped at someone: No Yes If "Yes", these were the circumstances _____

Describe if pet has had any problems with the following (give examples)

Children: _____

Dogs: _____

Cats or wildlife: _____

Strangers: _____

Other: _____

Is your pet overly protective of any of the following (give examples)

- Food _____
- Toys _____
- Family members _____
- Property _____
- Car _____
- Other pets _____

Pet has had the following health problems/treatments _____

Pet is allergic to _____

Pet has used the following medications _____

Date of **last** vaccines: Rabies _____ Distemper/Parvo _____ Bordetella _____

Flea and/or tick prevention pet uses and date last given _____

Heartworm prevention pet uses and date last given _____

Pet is on a special diet Yes Type _____ Brand of pet's food _____

Daily amount eaten _____ Feeding time(s) _____

Favorite treats _____ Favorite toys _____

Pet's perfect day would be _____

If you have any problems, please contact me:

NAME HOME PHONE CELL PHONE WORK PHONE

E-MAIL ADDRESS

ADDRESS CITY STATE ZIP

PET'S VETERINARY CLINIC ADDRESS PHONE