

# 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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