

# Pet Information

Please print and complete one form per pet or herd, and attach a copy of pet's vaccination record.

Last Name \_\_\_\_\_ Pet's name \_\_\_\_\_

Type Dog Cat Other \_\_\_\_\_

Sex (altered?) M F Sp/Neut. Age/DOB \_\_\_\_\_

Breed/color/identifying marks \_\_\_\_\_

Medical issues/Allergies \_\_\_\_\_

Living Area:  Not allowed outdoors at all  Not Allowed Indoors  
 Only Allowed Outdoors on Leash  Turn Out, Secure Area  
 Allowed on Furniture ... Exceptions?

Restrict pet to certain area or crate when pet is alone  
 Restrict pet to area/crate at all times  
 Other Instructions \_\_\_\_\_

Food: Dry: Brand \_\_\_\_\_ Wet: Brand \_\_\_\_\_

Amount Fed \_\_\_\_\_ Amount Fed \_\_\_\_\_

Food Procedure: \_\_\_\_\_

Water: Tap Bottled Filtered Instructions: \_\_\_\_\_

Treats: Brand \_\_\_\_\_ Amount \_\_\_\_\_ When \_\_\_\_\_

Medication: Drug \_\_\_\_\_ Directions \_\_\_\_\_

Drug \_\_\_\_\_ Directions \_\_\_\_\_

Drug \_\_\_\_\_ Directions \_\_\_\_\_

Drug \_\_\_\_\_ Directions \_\_\_\_\_

\_\_\_\_\_ I authorize the use of OTC medications for my pet (Kaopectate, Pepto Bismol, etc.)

Disposition:  Good w/people  No kids  
 Good w/other animals  No cats  No dogs  No other animals

Fears/Dislikes \_\_\_\_\_

Ever Attacked/Bitten Anyone? No Yes If yes, why? \_\_\_\_\_