**\*\*More than one pet? Please complete the following pages for each pet in your household\*\***

**Pet Information**

Pet's Name: Click here to enter text. Species: Click here to enter text. Breed: Click here to enter text.

M/F: Click here to enter text.Age: Click here to enter text.Birthday:Click here to enter text. Weight: Click here to enter text. Color: Click here to enter text.

Spayed/Neutered: Click here to enter text.

Veterinarian's Name: Click here to enter text.

*We must also have a copy of vaccination records from your vet for our records!*

Rabies: Click here to enter text. Distemper: Click here to enter text.

Bordetella: Click here to enter text. Fecal Test: Click here to enter text.

Heartworm Preventive: Click here to enter text. Flea & Tick: Click here to enter text.

**Pet's Behavior**

Has your pet ever bitten someone? Click here to enter text.

Has your pet been socialized or had any formal training? Click here to enter text.

How would you describe your pet's personality? Click here to enter text.

Is your pet aggressive? Click here to enter text. with large pets? Click here to enter text.

with food? Click here to enter text. with small pets? Click here to enter text.

with toys? Click here to enter text. with people? Click here to enter text.

Please note any of your pet's habits that we should know about: Click here to enter text.

Does your pet know any cues that you would like us to use out on walks? Click here to enter text.

|  |  |
| --- | --- |
| **Feeding Instructions** | **Medication Instructions** |
| Allergies? Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. | Health Issues (Past or Current)?Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |
| MorningClick here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. | Morning Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |
| MiddayClick here to enter text.Click here to enter text.Click here to enter text. | MiddayClick here to enter text.Click here to enter text.Click here to enter text. |
| EveningClick here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. | Evening Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |

**General Instructions**

1. Where will your pet be when upon arrival (crated in bedroom, free roam of the house, in kitchen)? Any places in your home where you pet may hide?

Click here to enter text.

2. Where should we leave your pet at the end of the visit?

Click here to enter text.

3. Locations of leashes, litter boxes, carriers, etc

Click here to enter text.

4. Location of food and treats

Click here to enter text.

5. Do you have specific instructions for walking in extreme weather (heat, cold, rain, snow)? Please describe.

Click here to enter text.