**\*\*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 (for dogs): 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.

Does your pet have any food, chemical, or other allergies (please list)? Click here to enter text.

Does your pet like children? Click here to enter text. Strangers? Click here to enter text.

Does your pet play with toys? Click here to enter text. If yes, what favorite toys? Click here to enter text.

Does your pet(s) shred toys, pull out stuffing, or destroy beds? Click here to enter text.

Has your pet had any formal obedience training? Click here to enter text. If so, when and where? Click here to enter text.

What else would you like to tell us about your pet? Click here to enter text.

**Additional Information (dogs only):**

1. How often, on a monthly basis, has your dog had interaction with the following?

Dog Parks: never 1x/wk 2-5x/wk -any issues? Click here to enter text.

Dog Daycare: never 1x/wk 2-5x/wk -any issues? Click here to enter text.

Family/Friends Dogs: never 1x/wk 2-5x/wk -any issues? Click here to enter text.

2. Has your dog ever growled or snapped at anyone for taking his/her food or toys away? Click here to enter text.

3. Has your dog ever shared food or toys with other animals? Click here to enter text.

4. Is your dog afraid of anything such as loud noises, thunderstorms, men? Click here to enter text.

5. Are there any other triggers we should know about? Click here to enter text.

6. Has your dog every bitten or broken skin of any person or dog, or do they have a record with the city government or animal control of a vicious dog attack. Click here to enter text. If your dog has bitten, please explain: Click here to enter text.

7. Has your dog every killed or wounded a small animal such as a bird, squirrel, or cat? Click here to enter text. If yes, please explain: Click here to enter text.

8. Is your dog a rescue? Click here to enter text. Is there any background knowledge you can share with us? Click here to enter text.