



# From Our Paws to Yours

## PET INFORMATION SHEET (Page 1)

Please fill out one form for each pet so that we may provide the best care possible. In case of any emergency, a signed **Veterinarian Release Form** is also necessary for our files. It is best if you leave all of your pet supplies out, in one place (such as on the kitchen counter). **Pet Supplies could include: treats, leash, toys, brush, food, medications, cat litter, and bedding, etc.**

Type of Pet (dog, cat, hamster, bird, etc.): \_\_\_\_\_

Pet's name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  Spayed  Neutered

Breed: \_\_\_\_\_ Markings: \_\_\_\_\_

Vaccines Up to Date?  Yes  No  DHLPP (or similar)  Bordetella (kennel cough)  Rabies

Micro-chipped?  Yes  No Chip#: \_\_\_\_\_ Registry Co: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is your pet licensed with the city?  Yes  No License#: \_\_\_\_\_

Does your pet need any Medications?  Yes  No

What form of flea & tick control do you use? \_\_\_\_\_ Last time administered \_\_\_\_\_

### **For dog care:**

When you walk your dog, if he sees another dog, does he:

- Ignore the other dog  Show some interest but keep walking  Wag his tail in a playful manner and wants to play  
 Growl and become aggressive  Pull hard on the leash in an attempt to get to the other dog

When you walk your dog, if he sees a cat or other small animal does he:

- Ignore the animal  Show some interest but keep walking  Wag his tail in a playful manner and wants to play  
 Growl and become aggressive  Pull hard on the leash in an attempt to get it

What commands does your dog understand:

- Sit  Heel  Stay  Off  Down  \_\_\_\_\_ Other: \_\_\_\_\_

**Does your pet come when called?**  Yes  No **What is your pet's "come" command?** \_\_\_\_\_

**Is there anything in particular we should be aware of when caring for your pet?** (health issues, behavior issues. Dislikes strangers, kids, cats. Afraid of loud trucks, skateboards, etc...)

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### **Morning Routine for pet:**

Feeding: \_\_\_\_\_ Location of pet food: \_\_\_\_\_ Amount to Give: \_\_\_\_\_

Walk/Outdoors (indicate where and for how long): \_\_\_\_\_

**Any mid-day visits needed?**  Yes  No  Feeding?  Walking?  Treats?

Feeding: \_\_\_\_\_ Treats: \_\_\_\_\_ Amount to Give: \_\_\_\_\_

### **Pre-bedtime routine for pet:**

Feeding: \_\_\_\_\_ Location of pet food: \_\_\_\_\_ Amount to Give: \_\_\_\_\_

Walk/Outdoors (indicate where and for how long): \_\_\_\_\_



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## PET INFORMATION SHEET (Page 2)

**Sleep routine for pet: Please indicate where pet sleeps at night (check all that apply).**

Confined: \_\_\_\_\_

Location of pen/crate/cage: \_\_\_\_\_

Other than crate location: \_\_\_\_\_

Pet can have ability to roam the house

Pet sleeps outside. Other: \_\_\_\_\_

Are pets allowed on furniture at home?  Yes  No

Does your pet have any allergies?  Yes  No

Please indicate any allergies if yes: \_\_\_\_\_

Favorite Games/Toys/Likes: \_\_\_\_\_

Hiding places: \_\_\_\_\_

Does your pet like brushing?  Yes  No (if yes, please leave out brush)

Special indoor/outdoor instructions: \_\_\_\_\_

Any behaviors or problems to be aware of (chewing, digging, excessive barking):

\_\_\_\_\_  
\_\_\_\_\_

Where to dump poop (for dogs and cats)?

\_\_\_\_\_

Clean poop in yard?  Yes  No

**For cat care:** Is your cat allowed outdoors?  Yes  No

Location of cat carrier: \_\_\_\_\_

Location of litter box/bags/scooper: \_\_\_\_\_

Additional Notes or pet/house care instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parking Instructions (as needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_