

PET INFORMATION SHEET

Name of owner: _____

Name of pet: _____

Species/breed: _____

Sex: _____

Spayed/Neutered: _____

Birth date or approximate age: _____

Indoor or outdoor: _____

Color: _____

Place your pet's photo here

Other forms of identification or description (microchip, tattoo, identifying marks, etc.):

VETERINARY AND HEALTH INFORMATION

Name of Veterinarian/Clinic: _____

Address: _____

Phone: _____ Fax: _____

Location of veterinary records other than above facility: _____

Current medications and instructions: _____

Other health considerations: (chronic illness, allergies, injuries): _____

CARETAKING INFORMATION

Name of temporary caretaker or kennel: _____

Address: _____

Phone: _____ Fax: _____

Name of permanent caretaker or kennel: _____

Address: _____

Phone: _____ Fax: _____

Description of typical daily routine for the care of the pet: _____

Accommodations (where the pet sleeps, where the pet stays during the day): _____

Diet (brand and type of food, instructions for mixing, feeding times): _____

Recreational activities (walks, games, favorite toys): _____

Persons, objects or circumstances that the pet does NOT like (men, women, children, loud noises, water, etc.)

Circumstances that may cause the pet to bite: _____

Any behavioral problems (barking, chewing, separation anxiety, heel nipping): _____

OTHER DOCUMENTS RELEVANT TO PET CARE:

<u>Type:</u>	<u>Location:</u>
____ Will	_____
____ Living Trust	_____
____ Pet Trust	_____
____ Durable Power of Attorney	_____
____ Healthcare Power of Attorney	_____
____ Living Will	_____
____ Contract for Care	_____