

PET INFORMATION WORKSHEET

Pet's Name: _____ Age: _____

Type of Pet: _____

Veterinary Contact Information

Veterinarian Name: _____

Address: _____

Phone Number: _____

Feeding Instructions

Dry Food Wet Food Both How much? _____

Does your pet eat treats regularly? No Yes, How many? _____ How often? _____

Medications

Does your pet receive any medication? No Yes Medication name: _____

What is it for? _____

Where is the medication kept? _____

How frequently is it administered? _____

How is it administered? _____

What is the source of the medication? (Veterinarian or drugstore) _____

Behavior

Does your pet have any behavioral problems? No Yes

Does your pet get along with other pets in the household? No Yes

Should your pet be separated from other pets in the household? No Yes

Is your pet well socialized with other pets of its species? No Yes

Where are cleaning supplies kept? _____

Dogs Only

Does your dog need a special harness or choke collar for walks? No Yes

Where is your dog's leash kept? _____

Stays in crate? No Yes Overnight Daytime

Prone to digging? No Yes, Where? _____

Obeys basic commands? No Yes

Has nipped people or other pets? No Yes, When? _____

Friendly with other animals? No Yes Likes new adults? No Yes

Likes children? No Yes

Allowed in house? No Yes

Fearful of noises or other things? No Yes, Such as? _____

Does your pet have favorite hiding places? No Yes, Where? _____