

Pet Profile

Pet Profile # _____ of _____

Pet Name _____ Species _____ Breed _____

Weight _____ Gender _____ Spayed/Neutered Y N Current on Shots Y N

Color/Markings _____ Birthday _____

Date for Rabies & Distemper Immunizations were administered _____

Veterinarian _____

Commands Used _____

Walks Well on Leash? Y N If No, Explain _____

Attitude to Strangers: __Excited __Friendly __Aloof __Cautious __Scared
__Defensive __Aggressive

Does your Pet Snap at People? Y N If Yes, Explain: _____

Does your Pet Fight with Other Pets? Y N If Yes, Explain: _____

Is Your Pet Fearful or Aggressive Around Children? _____

History of Biting _____

Pet's Fears _____

Favorite Activity/Toy/Word/Hiding Place _____

AM Feeding Instructions: _____

PM Feeding Instructions: _____

Location of Food/Treats _____

Location of Leash/Collar _____

Location of Plastic Bags _____

Location of Litter Box/Box Liners _____

Where to Dispose of Waste _____

Location of Pet Carrier _____

Where are Cleaning Supplies in Case of Accidents _____

Physical Conditions/Problems to be alert for _____

Medications to administer during visit:

Other Care Instructions:
