

## 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:

\_\_\_\_\_

\_\_\_\_\_