

Pet Information

Pet's Name: _____ Age: _____ Sex: __ M __ / __ F __ Spayed / Neutered

Dog/Cat: _____ Breed: _____ Current on Rabies Vacc.? Y / N

Micro-chipped? __ Y __ / __ N _____

Feeding Instructions: _____

Exercise / Play: _____

Health concerns _____

Current Meds: _____

Hiding places (Cats): _____

Indoor / outdoor instructions: _____

Any behavior problems to be aware of. Has your pet ever shown signs of aggression (i.e. chasing squirrels / birds, growling at other animals/small children, etc.)? If so, please explain in detail: _____

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Client: _____ Date: _____