

# Paw Prints Pet Services LLC

## Pet Information Form



Please complete one Pet Information form per pet or litter.

**Owner:**

**Pet Name:**

Physical Description: (if similar to another)

Pet Type: Dog / Cat / Other / \_\_\_\_\_

Breed:

Neutered Y / N

Sex: M / F

Birth date:

Or Age:

Microchip: Y / N

Declawed (cats): Y / N

Weight:

Or Size:

**Emergency Care:** \*Placing Veterinary Release Agreement & Credit Card on file at vet's office is recommended

	Primary/Preferred Vet's office	Secondary/Emergency Vet
<b>Name:</b>		
<b>Phone:</b>		
<b>Address:</b>		
Primary Vet		
Misc/Notes		

Flea & tick treatment date:

Last vaccination date:

**Pet Health Insurance Coverage:** Yes / No

Company:

Policy #

Contact information:

**Pet Medical History:** (ongoing or reoccurring known illnesses/injuries, treatments & medications)

**Pet allergies:**

**Allergy treatment:**

**Food or treat restrictions:**

Owner:  Pet:

Temperament/Personality:

Pet Doesn't Like:

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Baths        | <input type="checkbox"/> Hot Days              | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal              |
| <input type="checkbox"/> Toenail Clip | <input type="checkbox"/> Rain                  | <input type="checkbox"/> Thunder <input type="checkbox"/> Being Left Alone   |
| <input type="checkbox"/> Massage      | <input type="checkbox"/> Cold / Snow           | <input type="checkbox"/> Fireworks <input type="checkbox"/> (other) _____    |
| <input type="checkbox"/> Touch Ears   | <input type="checkbox"/> Other family pets     | <input type="checkbox"/> All Humans <input type="checkbox"/> (other) _____   |
| <input type="checkbox"/> Strangers    | <input type="checkbox"/> Other dogs            | <input type="checkbox"/> Car rides <input type="checkbox"/> (other) _____    |
| <input type="checkbox"/> New Animals  | <input type="checkbox"/> People near food dish | <input type="checkbox"/> Vet's office <input type="checkbox"/> (other) _____ |

Pet reacts to the above by:

Has Pet Ever:

Describe: (please be truthful!)

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home

Where does he/she like to escape to?

How can he/she be retrieved?

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Training Comments:

Favorite Games, Toys, and Activities:

Preferred walking equipment: collar harness halter other: \_\_\_\_\_

Friendly with other dogs: Yes / No, explain \_\_\_\_\_ Friendly with children: Yes / No

Most likely to have accidents When: \_\_\_\_\_ Where: \_\_\_\_\_

Poop / waste disposal:  outdoor garbage can  separate garbage can  other \_\_\_\_\_

Pet's sleeping area:  pet bed  owner's bed  crate  other \_\_\_\_\_

**Pet's Living Area:**

<input type="checkbox"/> NOT allowed outdoors	<input type="checkbox"/> Allowed on furniture, counters, beds
<input type="checkbox"/> ONLY allowed outdoors <b>on leash*</b>	<input type="checkbox"/> Restrict pet area/crate when pet is alone
<input type="checkbox"/> Turn out, invisible fenced yard	<input type="checkbox"/> Restrict pet area/crate at all times
<input type="checkbox"/> Turn out, secure fence	Restricted Area/Crate Location:
<input type="checkbox"/> Turn out, <b>no fence</b> at home (at your risk)	Other off-limit areas:
<input type="checkbox"/> Turn out, <b>no fence</b> for Farm Adventures*	
<input type="checkbox"/> ONLY allowed <b>on leash Farm Adventure</b>	
<input type="checkbox"/> NOT allowed indoors	

\*Farm Adventures will usually be off leash, pets allowed outdoors with no leash or fence will waive liability

Owner:  Pet:

**Water dish location:**

- Fill From Tap    
  Use bottled water    
  Fill from filtered sink faucet    
  Fill from fridge door

**Feeding Instructions:**

- Recycle cans    
  Dispose of uneaten food    
  Store extra in fridge  
 Feed separated    
  Remove food after \_\_\_\_ minutes

	Morning	Mid Day	Evening	Other
<input type="checkbox"/> <b>Dry</b> Brand: Amount: Where to feed: Special Instructions:				
<input type="checkbox"/> <b>Wet</b> Brand: Amount: Where to feed: Special Instructions:				
<input type="checkbox"/> <b>Meds/Medical</b> Name: Amount: Location: Frequency: Procedure:				
<input type="checkbox"/> <b>Meds/Medical</b> Name: Amount: Location: Frequency: Procedure:				
<input type="checkbox"/> <b>Treats/Chewies</b> Name: Amount: Location: Procedure:				
<input type="checkbox"/> <b>Litter Box/Yard</b> Scoop Location: Bags to be found in: Dispose In:				

**Any other special instructions or notes for pet's care or temperament:**

Client/Owner Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_