

## 2 Pet Information Sheet

### PET DETAILS

Client ID: \_\_\_\_\_

Name of Pet: \_\_\_\_\_ Sex: \_\_\_\_\_

Type of Pet (Species): \_\_\_\_\_ Breed: \_\_\_\_\_

Colour/Special Markings: \_\_\_\_\_

Form of ID (Microchip, collar tag): \_\_\_\_\_

Does it usually wear a collar: Yes ☐ No ☐ Collar Description: \_\_\_\_\_

Birth Date & Age: \_\_\_\_\_

Neutered: Yes ☐ No ☐ Does it have a pet door to go outside: \_\_\_\_\_

### Health Issues

Known health issues/medical conditions: \_\_\_\_\_

Medications required: Yes ☐ No ☐

Instructions for medication: \_\_\_\_\_

Known allergies: \_\_\_\_\_

### Vaccinations

Next Vaccination due date: \_\_\_\_\_

Vaccination Name: \_\_\_\_\_

Flea treatments up to date: Yes ☐ No ☐

Worming up to date: Yes ☐ No ☐

## ② Pet Information Sheet

### Feeding Instructions

Food type/brand: \_\_\_\_\_

Food Location: \_\_\_\_\_

Morning: \_\_\_\_\_ Night: \_\_\_\_\_

Do you have enough food for duration of visit? Yes ☐ No ☐

Treats that the pet can/can't be given: \_\_\_\_\_

Location of cleaning materials: \_\_\_\_\_

Where to dispose of pet waste food: \_\_\_\_\_

Location of pet carrier: \_\_\_\_\_

### Pet Behaviour

Personality: \_\_\_\_\_

Favourite forms of affection: \_\_\_\_\_

Favourite Games: \_\_\_\_\_

Favourite place(s) to relax: \_\_\_\_\_

Hiding place when frightened: \_\_\_\_\_

Toilet routines: \_\_\_\_\_

### Additional Information

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