

## PET PROFILE

PET'S NAME: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_

Type/Breed: \_\_\_\_\_ Spayed/Neutered: Y / N

First time alone? Y / N Feeding Schedule: \_\_\_\_\_ a.m. \_\_\_\_\_ Midday \_\_\_\_\_ p.m.

\_\_\_\_\_ Wet/Amount \_\_\_\_\_ Dry/Amount Treats OK? Y / N

Brand of Food: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Regular FLEA/TICK Treatments? Y / N Vaccinations up to date? Y / N Rabies Tag: Y / N

Exercise Instructions: \_\_\_\_\_

Litter Box location: \_\_\_\_\_

Litter Box Waste Disposal: \_\_\_\_\_

Behavior issues to be aware of? (Separation Anxiety; Storm Anxiety, Phobias; Protective of Food/Toys)

\_\_\_\_\_

Walks well on a leash? Y / N Issues While Walking: \_\_\_\_\_

Does pet have history of escaping? Y / N

Weight: \_\_\_\_\_ Coat color: \_\_\_\_\_ Hair length: \_\_\_\_\_ Has ID tag? Y / N

Microchip ID #: \_\_\_\_\_ Microchip Company: \_\_\_\_\_

Specific identifying marks and/or features that would help to ID your pet:

\_\_\_\_\_

\_\_\_\_\_

Favorite games/toys: \_\_\_\_\_ Afraid of Thunderstorms? Y / N

Does pet have "accidents?" Y / N Trigger word for "POTTY": \_\_\_\_\_

Good around children? Y / N Good around dogs? Y / N Good around cats? Y / N

Crating Instructions: \_\_\_\_\_

Restricted Rooms: \_\_\_\_\_

ADDITIONAL NOTES: