Client and Pet Information Form

Owner

Name(s): _____

Phone: _____

Email: _____

Home address: _____

Emergency contact (name and phone): _____

Pet (one form per pet)

Name: _____

Species and breed: _____

Age and sex: _____

Spayed or neutered: ☐ Yes ☐ No

Weight, color and markings: _____

Microchip number: _____

Vaccinations current (rabies, distemper/parvo, kennel cough): _____

Feeding

Food and amount per meal: _____

Meal times: _____

Treats allowed: _____

Health

Medications, dose and times: _____

Allergies or conditions: _____

Veterinarian (clinic and phone): _____

Behavior

With other dogs: _____

With cats and children: _____

This template is not legal advice. Check your state's rules.

Fears or triggers (storms, doorbells, strangers): _____

Escape risks (doors, fences, leash): _____

Has your pet ever bitten a person or another animal? _____

Routine

Potty breaks and walk times: _____

Where your pet sleeps: _____

Anything else that helps your pet feel at home: _____

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