



Pet Dossier

Pet Owner Information

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ Alt Phone Number: _____

Pet Information

Current Number of Pets Owned: _____

Pet Name: _____ Type of Animal: _____

Pet Name: _____ Type of Animal: _____

Pet Name: _____ Type of Animal: _____

Pet Name: _____ Type of Animal: _____

Emergency Caregiver Information

Emergency Caregiver Name: _____

Phone Number: _____ Alt Phone Number: _____

Emergency Caregiver Name: _____

Phone Number: _____ Alt Phone Number: _____

Emergency Caregiver Name: _____

Phone Number: _____ Alt Phone Number: _____

Dog Information



General

Dog's Name: _____ Breed: _____
Color: _____ Special Markings: _____
Sex: M _____ F _____ Neutered/Spayed: Yes _____ No _____ Age: _____ Weight: _____
Microchip ID #: _____ License (City or County) Tag #: _____
I got my dog from a: Shelter _____ Friend/Relative _____ Breeder _____ Pet Store _____ Found/Stray _____
Other/Explain _____

Behavioral

Is your dog potty trained/house trained? Yes _____ No _____

Explain: _____

Can your dog be left alone? Yes _____ No _____ Sometimes _____

Explain: _____

Do you crate your dog? Yes _____ No _____ Sometimes _____

Explain: _____

Does your dog bark often? Yes _____ No _____

Explain: _____

What does your dog do when someone comes into the apartment/house?

Explain: _____

What is your dog's activity level? High _____ Medium _____ Low _____

Explain: _____



Behavioral Continued

Are you able to approach your dog while he/she is eating? Yes___ No___ Sometimes___

Explain:_____

Can you remove items such as bones/toys from your dog's mouth? Yes___ No___ Sometimes___

Explain:_____

How does your dog feeling about grooming? Enjoys___ Tolerates___ Dislikes___

Explain:_____

Is your dog frightened of anything? Yes___ No___ Sometimes___

If yes, what is your dog frightened of? (check all that apply)

Fireworks___ Thunderstorms___ Vacuum Cleaners___ Children___ Loud Noises___ Cars/Traffic___

Strangers___ Men___ Women___ Children___ Water___ Skateboards___

Other/Explain_____

Does your dog like children? Yes___ No___ Sometimes___

How would you describe your dog's behavior around children? (check all that apply)

Playful___ Jumps up___ Friendly___ Calm___ Shy___ Snaps at___ Tolerant___ Avoids___

Dislikes___ Growls___ Snaps at___ Nips___ Bites___ Chases___

Other/Explain:_____

Does your dog like other dogs? Yes___ No___ Sometimes___

Explain:_____

Does your dog like cats? Yes___ No___ Sometimes___

Explain:_____

Does your dog have a strong prey drive? Yes___ No___ Maybe___

Explain:_____

Does your dog know any commands? Yes___ No___ Sometimes___

Explain:_____

Dog Information Continued



Medical

Veterinarian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alt Phone Number: _____

After-hours Veterinarian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Pet Name: _____ Type of Animal: _____

Phone Number: _____ Alt Phone Number: _____

Is your dog currently on any medication? Yes _____ No _____ Sometimes _____

Explain: _____

If yes, where is the medication located? _____

Does your dog have any known health problems or old injuries? Yes _____ No _____ Sometimes _____

Explain: _____

Daily Routine

How many times do you feed your dog daily? _____ At what time(s) of day? _____

What type and brand of food does your dog eat? _____

How many walks does your dog get daily? _____ At what time(s) of day? _____

Explain: _____

What is your dog's favorite treat? _____

What is your dog's favorite toy? _____

Please include any other important information about your dog below.

Cat Information



General

Cat's Name: _____ Breed: _____

Color: _____ Special Markings: _____

Sex: M____ F____ Neutered/Spayed: Yes____ No____ Age: _____ Weight: _____

Microchip ID #: _____ License (City or County) Tag #: _____

I got my cat from a: Shelter____ Friend/Relative____ Breeder____ Pet Store____ Found/Stray____

Other/Explain _____

Behavioral

Does your cat use its litter box regularly? Yes____ No____

Explain: _____

What type of litter do you use? Clumping____ Clay____ Other____

Brand: _____

Has your cat ever gone outside its litter box? Yes____ No____ Sometimes____

Explain: _____

How does your cat react to visitors in your home?

Explain: _____

What is your cat's activity level inside the house? High____ Medium____ Low____

Explain: _____

Do you ever let your cat outdoors? Yes____ No____ Sometimes____

Explain: _____

Does your cat like to be held? Yes____ No____ Sometimes____

Explain: _____



Behavioral Continued

Where is your cat's favorite place to be scratched?

Explain: _____

Is there any part of his/her body where your cat does not like to be touched? Yes____ No____ Maybe____

Explain: _____

Will your cat allow you to clip his/her nails? Yes____ No____ Sometimes____

Explain: _____

How does your cat feeling about grooming? Enjoys____ Tolerates____ Dislikes____

Explain: _____

Is it difficult to put your cat in a carrier? Yes____ No____ Sometimes____

Explain: _____

Does your cat like children? Yes____ No____ Sometimes____

How would you describe your cat's behavior around children? (check all that apply)

Playful____ Jumps____ Friendly____ Outgoing____ Calm____ Shy____

Tolerant____ Avoids____ Dislikes____ Stalks____ Chases____

Other/Explain: _____

Does your cat like other cats? Yes____ No____ Sometimes____

Explain: _____

Does your cat like dogs? Yes____ No____ Sometimes____

Explain: _____

Does your cat use a scratching post? Yes____ No____ Sometimes____

Explain: _____

Cat Information Continued



Medical

Veterinarian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alt Phone Number: _____

After-hours Veterinarian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Pet Name: _____

Phone Number: _____ Alt Phone Number: _____

Is your cat currently on any medication? Yes _____ No _____ Sometimes _____

Explain: _____

If yes, where is the medication located? _____

Does your cat have any known health problems or old injuries? Yes _____ No _____ Sometimes _____

Explain: _____

How does your cat behave during medical exams?

Explain: _____

Daily Routine

How many times do you feed your cat daily? _____ At what time(s) of day? _____

What type and brand of food does your cat eat? _____

What is your cat's favorite treat? _____

What is your cat's favorite toy? _____

Please include any other important information about your cat below.

