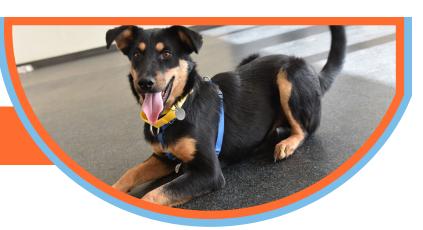


# **Pet Dossier**

**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:	
<b>Emergency Caregiver Info</b>	rmation	
Emergency Caregiver Name:		
	Alt Phone Number:	
Emergency Caregiver Name:		
	Alt Phone Number:	
Emergency Caregiver Name:		
	Alt Phone Number:	

# **Dog Information**



General					
Dog's Name:		Breed:			
Sex: M F N	leutered/Spayed:	Yes No	Age:	Weig	ght:
Microchip ID #:		_License (City or Co	unty) Tag #:		
I got my dog from a Other/Explain					_ Found/Stray
Daharianal					
Behavioral					
<b>Is your dog potty trained</b> 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:					

#### **Dog Information Continued**



#### **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\_\_\_\_ 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\_ Women\_\_\_\_ Children\_\_\_\_ Water\_\_\_\_ Strangers\_\_\_\_ Men\_\_\_\_ 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\_\_\_\_ Nips\_\_\_\_ Bites\_\_\_\_ Chases Snaps at\_\_\_\_ 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_ Explain:			
If yes, where is the medication located?			
Daily Routine			
_	At what time(a) of	f day?	
How many times do you feed your dog daily? What type and brand of food does your dog eat?			
How many walks does your dog get daily?  Explain:	At what time(s)	of day?	
What is your dog's favorite treat?			
What is your dog's favorite toy?			
Please include any other important information about yo	ur 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 State of the Control of t					
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:					

## **Cat Information Continued**



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:
Have done comment for the control of
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:
December of the constabiling posts Voc.
Does your cat use a scratching post? Yes No Sometimes
Explain:

### **Cat Information Continued**



Medical					
Veterinarian Name:					
Address:	City:	State:	Zip:		
Phone Number:A	It Phone Number:				
After-hours Veterinarian Name:					
Address:	City:	State:	Zip:		
Pet Name:	_				
Phone Number: Alt Pho	ne Number:				
Is your cat currently on any medication? Yes No 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.					