



# Pet Profile



This pet information sheet is used to obtain important information regarding the care and well being of your pet. It helps us to understand your pet's special needs so that we can make his/her stay more comfortable. Please complete the front and back of this form for each of your pet(s).

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Pet Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
**Breed:** \_\_\_\_\_ **Coloring:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Gender:** ☐ Male ☐ Neutered ☐ Female ☐ Spayed



**Health Issues** ☐ No ☐ Yes **If yes, please explain** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Is your pet allergic to anything including, certain foods or treats?** ☐ No ☐ Yes **If yes, please explain** \_\_\_\_\_

**If needed, may we administer: Benadryl?** \_\_\_\_\_ **Imodium?** \_\_\_\_\_



## Feeding Information

I am a ☐ good eater ☐ average eater ☐ "finicky" eater.

I eat ☐ 1 time a day ☐ 2 times a day ☐ 3 times a day ☐ Free Feed. I eat in the ☐ AM ☐ Noon ☐ PM.

I eat ☐ with my sibling(s) ☐ w/out my sibling(s) ☐ not applicable.

I ☐ am very regular ☐ occasionally get diarrhea ☐ may get colitis in a new environment

**Dry Food Brand Name:** \_\_\_\_\_ **Can Food Brand Name:** \_\_\_\_\_

**Flavor:** \_\_\_\_\_

**Flavor:** \_\_\_\_\_

**Morning Feeding:** \_\_\_\_\_ cups dry food mixed with \_\_\_\_\_ can + \_\_\_\_\_

**Noon Feeding:** \_\_\_\_\_ cups dry food mixed with \_\_\_\_\_ can + \_\_\_\_\_

**Evening Feeding:** \_\_\_\_\_ cups dry food mixed with \_\_\_\_\_ can + \_\_\_\_\_

**Other feeding information such as supplements that are added to the food:** \_\_\_\_\_

**If your pet isn't eating is it ok to add chicken broth or canned chicken to their meal?** \_\_\_\_\_

(Please complete other side)



### Medications/Supplement Information:

Type of Medication: \_\_\_\_\_ Directions: \_\_\_\_\_

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Additional Medication Information: \_\_\_\_\_



### Behavior Information: (Complete for Dogs Only)

**Overall Energy Level:** ☐ High ☐ Medium ☐ Low

**Socialization w/People:** ☐ Highly Social ☐ Somewhat Social ☐ Shy or Timid

**Socialization w/Dogs:** ☐ Highly Social ☐ Somewhat Social ☐ Shy or Timid

**Chewing:** ☐ Chews Everything ☐ Chews only Bones/Toys ☐ Never Chews Anything

**Interest in Toys:** ☐ Obsessed w/Toys ☐ Likes to Play w/Toys ☐ Not Interested in Toys

**Swimming:** ☐ Loves to Swim ☐ Likes Water ☐ Avoids Water

**Reaction to Separation:** ☐ Adjusts Quickly ☐ Adjusts in Time ☐ Gets Separation Anxiety

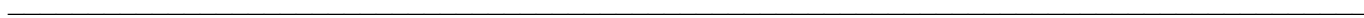
**Reaction Around Food:** ☐ Very Protective ☐ Somewhat Protective ☐ Not Protective at All

**When Off Leash:** ☐ Stays Close By ☐ Likes to Chase/Be Chased ☐ An Escape Artist

**Potty Training:** ☐ Not Potty Trained ☐ Potty Pads/Litter Box ☐ Crate Trained ☐ Potty Trained



**Things My Pet Loves:** \_\_\_\_\_



**Things My Pet Dislikes:** \_\_\_\_\_



**Noteworthy Behaviors:** \_\_\_\_\_

