

Pet Information Form

Pet Name: _____ Cat Dog Bird Other _____

Sex: Female Spayed? No Yes Male Neutered? No Yes

Color: _____

Breed: _____ Pet's Date of Birth: _____

Pet's Weight: _____

Feeding Instructions:

A.M.

P.M.

Brand of Pet Food Used:

Medications:

Name of Medication, When to Administer Medication, Amount How to Administer

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Daily exercise to be given: Yes No

Rabies shot is good through (date) _____ We must have this date.

DHPP shot good through (date) _____

(Distemper, Hepatitis, Para influenza, Parvovirus)

History of illness: Yes No If yes, explain: _____

Pet's collar color: _____ ID Tags: Yes No

Micro chip: ___yes ___no

Favorite toys and special treats:

May pet sitter give your pet treats? Yes No

Personality (include phobias/fears) _____

Photo permission for Top Hat and Tails website? ___yes ___no (*No clients' address is ever listed.*)

Has your pet ever snapped at our bitten anyone? Yes No is your pet good with children? Yes No

Does your pet have a history of biting or fighting with other animals? Yes No

Does your dog walk well on a leash? No pulling. ___yes ___no

Do you walk your dog daily? ___yes ___no How often? _____

Are you aware of any reason we should approach your pet with caution? _____

How does your pet react to your absence from home? _____

Dollar limit on emergency care: \$ _____