



Pet Profile

Please fill in one for each pet

Pets Name: _____

Your Name: _____

Best phone number(s) to reach you at: _____

EMERGENCY CONTACT in case you cannot be reached: _____

Dog / Cat / Other: _____ Age/Birthday: _____

Male / Female Spayed/Neutered: Y / N Breed: _____ Color(s): _____

Distinguishing Features: _____ Collar Color: _____

Tags: Y / N

Microchipped: Y / N

Feeding Instructions (amount, times of day, etc.)

What brand(s) and/or types of food do you feed:

Favorite toys / games : _____

Treats/Food Toy (Kong):

Food Allergies / Restricted foods:

Major Medical Conditions (Past or Present):

Medication(s) (Name, Dosage, Frequency)

Has your pet ever been aggressive or bitten someone?

Exercise Instructions (walk frequency or play in yard?):

Tricks my pet knows:

Restricted Access (Rooms or Furniture):

Will your pet be crated at any point during our service? When?

Litter care (When to scoop solids/totally change, disposal location)

This Pet Loves to:

Hates to:

****Special handling / Other Notes (ex: special quirks, deaf/blind, object guarding, food aggression, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc)**** _____

Veterinarian: _____

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