



ANIMAL INFORMATION SHEET

Client name(s): _____

Animal's name: _____ Species: _____

Age: _____ Breed: _____ Color/Markings: _____

Sex: Male / Female Neutered or Spayed: YES / NO Microchipped: YES / NO

Known health problems: _____

Feeding

Please detail your animal's feeding routine, including type, location, and amount of food, approximate feeding times, special instructions, etc.

Medication

If your animal is on any medication that must be administered, please use the back of this form to provide detailed instructions, including medication name, location, dosage, and frequency.

Other

Animal's favorite playtime activity and/or toy: _____

Please indicate the location of the following, if applicable:

*Supplies for cleaning pet-related accidents: _____

*Hair brush: _____

*Animal's favorite hiding places: _____

*Other: _____

Traits

Will not eat when stressed? YES / NO

Skittish with strangers? YES / NO

Fearful of loud noises? YES / NO

Likes to be held? YES / NO

Tries to escape? YES / NO

Likes to be petted? YES / NO

Has bitten someone? YES / NO

Has shown other aggression? YES / NO

***Please indicate anything else about your animal that may be useful on the back of this form.