

Pet's Name (please include last name) _____

The Happy Pet Caregiver _____



PET INFORMATION

Primary Pet Owner's Name (Last, First): _____

Application Date: _____

Pet's Name _____

Are you an existing client? _____

Have you met with a caregiver? _____

Do you have a preferred primary caregiver? Back-up? _____

Please fill out for each pet

Dog Cat Bird Rabbit Fish Other _____

Sex: M or F Spayed or Neutered: Y or N

Approx. date of birth _____ Collar or I.D.: _____ Microchip Y or N:

Breed: _____ Color: _____ Physical Description: _____

General Health* _____ Temperament: _____

Immunizations _____ Rabies exp. Date _____

Kennel Cough Vaccination exp. Date: _____

Primary Veterinarian: _____ Tel. # _____

Does your pet have any illnesses or disabilities we should know about? Please elaborate on page 2

CARE & FEEDING INSTRUCTIONS

Food Allergies? Y or N. If yes, please explain _____

Does your pet get treats? Y or N: If yes, what? _____

MEDICATIONS

If your pet takes medications/supplements please list them below

Name of med	Reason	When	Amount	How to administer

Is your pet completely housebroken/litter trained? Y or N. If not, please explain _____

GENERAL INFORMATION

Has your pet ever bitten/scratched anyone? Y or N. If yes, who and when? _____
Please explain _____



- | | | | |
|--------------------------------------|--------|------------------------------------|--------|
| Is your pet food motivated? | Y or N | Is your pet food aggressive? | Y or N |
| Does your pet get along with dogs? | Y or N | Does your pet like cats? | Y or N |
| Is your pet hyperactive? | Y or N | Can your pet be picked up? | Y or N |
| Is your pet generally aggressive? | Y or N | Does your dog play bite? | Y or N |
| Does your pet like children? | Y or N | Does your pet like men? | Y or N |
| Does your pet like women? | Y or N | Is your dog used for hunting? | Y or N |
| Is your cat an indoor cat? | Y or N | Is your dog used for guarding? | Y or N |
| Does your pet like riding in cars? | Y or N | Does your pet like to be groomed? | Y or N |
| Does your pet like to play in water? | Y or N | Does your pet like to chase balls? | Y or N |

Does your pet have the run (fly, hop, slither) of the house?
If no, please explain where they are allowed to go. _____



Anything else we should know:
(such as how does your pet react when you are not home, additional health advisories or specific instructions)

A.M. Feeding _____
Noon _____
P.M. _____
Late evening ? _____

The Happy Pet notes: Primary _____ Back-up _____