



The Pet's Home: Pet Information Form

Please fill out this form **once for each pet in your home** and bring it to your initial meeting with The Pet's Home. Thank you!

Pet Name _____
 Type of animal _____ Breed _____
 Age _____ Animal gender _____
 Spayed / Neutered?(*circle one*) Yes No
 County Tag ID _____
 ID Microchip?(*circle one*) Yes No
 Weight _____ Height _____
 Eye color _____ Tail _____
 Hair color _____ Hair length _____



Describe the animals general disposition

Is your pet good around children?(*circle one*) Yes No

Is your pet good around dogs?(*circle one*) Yes No

Is your pet good around cats?(*circle one*) Yes No

Specific identifying marks and/or features that would help to ID your pet

Feeding & Treats Information

Feed apart from other pets/supervise?(*circle one*) Yes No

Dispose of uneaten food?(*circle one*) Yes No

Remove food after certain amount of time?(*circle one*) Yes No

Describe the procedure for feeding including amounts and times given.

Describe the water situation. For example, do you use tap, bottled, or filtered? Dish location?

Describe the procedure for giving treats if applicable.



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Pet's Living Area

Please check all that apply:

- Not allowed outdoors at all
- Only allowed outdoors on a leash
- Turn out, invisible fenced yard with collar
- Turn out, secure fence
- Turn out, no fence, but doesn't leave yard
- Not allowed indoors
- Allowed on furniture, beds
- Restrict pet to area/crate when pet is alone

Restricted Area/Crate Location _____

Other off-limit areas _____

Medical Information

Date of last vaccinations _____

List any medical conditions/allergies:

Any medications required?(circle one) Yes No

Describe the procedure for administering medications including amounts and times given

Additional Information
