**Individual Pet Record:**

(Please fill out one sheet for each pet that you have. Use back for more notes)

Name of pet: _____________________________________________  □ (Attach pictures)

Name of owner: _________________________________________  Home phone: __________________________

Cell phone number: __________________________

Species:  □ Dog,  □ Cat,  □ Rodent,  □ Bird,  □ Reptile,  □ Other: ________________

Age: _____________  Sex:  □ Male,  □ Female  □ Intact  □ Spayed/Neutered

Height: ____________,  Weight: ____________,  Colors: ________________________________

Identifying marks: ________________________________________________

Collar:  □  ID tag:  □  Microchipped:  □  Other ID: __________________________

Diet:  Foods: _________________________________________________________

Amount: ________________,  Times per day:  □ Once,  □ Twice,  □ Self-feeding

Other food information: ____________________________________________

**Elimination:**  □ must be walked at least 4 times daily,  □ uses papers,  □ uses litter box,

Other: ____________________________________________________________

Veterinarian’s name, phone number and address: ________________________________

______________________________________________________________________________

Health problems, special needs: ________________________________________________

______________________________________________________________________________

Medication:  □ None,  □ As needed,  □ taken __________ times daily.

Type and dosage: _____________________________________________________________

Crate/Carrier:  □,  current ID tag attached:  □,  where stored: _________________________

Muzzle:  □,  Leash:  □,  Choke chain:  □,  Gentle leader/Halti:  □,  Harness:  □

Temperament:  □ calm, easy to handle;  □ somewhat fearful;  □ may snap/scratch,

□ Dog friendly;  □ Cat friendly;  □ Caution: __________________________________________

Favorite treats, toys, games, other info: ___________________________________________