



PET CARE SERVICE, LLC

Pet Information

Date completed/updated: _____

Pet's Name: _____

Breed: _____

Sex: _____

Color: _____

D.O.B. _____

Exercise: Yard Walk

Known health problems (i.e. arthritis, deaf, blind, allergies to meds/vaccines): _____

Medications: _____

Time: _____

Dosage: _____

Feeding Times: _____

Type/Brand: _____

Amount: _____

Feeding Instructions: _____

Last Vaccination Date: _____

ID Tag Tattoo Microchip

Pet personality/Temperment: (Check all that apply to your pet)

Afraid of strangers

Hyperactive

Shy

Afraid of loud noises

Good w/animals

Toy aggressive

Food aggressive

Good w/Kids

Bitten People

Fence Jumper

Good on Leash

Bitten Animals

Please describe any reactions to the above items, or any other information we may need to know about your pet while you're away: _____

Favorite Toy: _____ Commands: _____

Allowed on furniture Crate/Gated area when alone

Crate/Gated area always Allowed out (Fenced yard)

Veterinarian Name/Clinic Name _____

Vet Phone No.: _____ Vet Address: _____