

# Pet Care Information



Please fill out and return this form before your appointment so we can care for your pet to the best of our abilities.

Pet's Name			
Pet Type			
Breed			
Color/ Describe			
Age			
Sex			
Spayed/Neutered Y/N			
Shots up-to-date?			
Medical Issues?			
Medications			
Flea/Tick Treated?			
Brand/Type Food			
Amount/Time Fed			
Usual Exercise?			
Likes other pets?			
Behavior Issues?			
Where is pet kept when home alone?			
Behavior Issues?			