

THE CRITTER COTTAGE

Pet Information Sheet

Dog's Name: _____ Age: _____ Male / Female

Breed: _____ Veterinarian: _____

Owner Name: _____

Address: _____

Phone: _____ Cell: _____

Dates of First Visit: _____



1. Is this animal up-to-date on all shots and free of contagious disease? Yes _____ No _____

If no, please explain: _____

2. Has this animal ever attacked and/or bitten any other animal? Yes _____ No _____

If yes, please explain: _____

3. Has this animal ever attacked and/or bitten a human? Yes _____ No _____

If yes, please explain: _____

4. Does the animal get along with: Dogs? Yes _____ No _____ Cats? Yes _____ No _____

If no, please explain: _____

5. For dogs -- Has your pet ever escaped from a fenced area? Yes _____ No _____

If yes, please explain (i.e. digs, jumps, climbs – does the dog need to be closely supervised in outside areas, or leashed while outside?)

6. Is your pet spayed/neutered? Yes _____ No _____

7. We feed all dogs in our care kibble dry dog food. Is this acceptable? Yes _____ No _____
(If this is not acceptable to you, please provide us with the food you wish your pet to receive.)

8. Are there particular health issues we need to be aware of? Please include instructions for any medications that may need to be administered. Use reverse for additional instructions.

9. Is your pet: Blind _____ Deaf _____ Other _____

10. Is your pet housebroken? Yes _____ No _____ Incontinent _____

11. What type of flea & tick treatment do you use? _____

12. Is your pet allowed on the furniture? Yes _____ No _____

13. Is your pet allowed to sleep in the bed with us? Yes _____ No _____

14. What special things can we do to make your pet feel more at home? _____
