

PET INFORMATION PROFILE

Help your pet's caretaker provide the best possible care by giving as many details as possible below.

Please provide a current photograph of your pet(s).

Your Information

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

Email: _____

Your Alternate Pet Caretaker's Information

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

Email: _____

Your Estate Executor's Information

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

Email: _____

Your Alternate Estate Executor's Information

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

Email: _____

Do you have a pet trust: Yes/No. If yes:

Your Pet Trustee's Information

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

Email: _____

Your Alternate Pet Trustee's Information

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

Email: _____

Where can a copy of your pet trust be found?

Pet Identification Information

Name: _____

Type of Animal: _____

Sex: M/F

Pet Identification Information Continued

Has your pet been spayed or neutered?: _____

Month/year of pet's birth: _____ / _____

Pet's normal weight: _____

Please give a description of your pet, including information on breed: _____

Please indicate if your pet has the following identification:

Microchip: Yes/No.

Microchip ID Number: _____

License: Yes/No.

Microchip ID Number: _____

Please note any verbal and nonverbal commands your pet responds to as well as any body language it uses to communicate.

Come _____ Sit _____ Stay _____ Down _____

Other: _____

If you and your pet have your own obedience language, please describe:

Is your pet allowed outside?

Where does your pet sleep?

Please describe your pet's daily routine – such as walking, eating, sleeping, playing, eliminating: _____

What access does your pet have to your home and furniture?

Does your pet like children?

If your pet has any favorite games, toys, or possessions, please note what and where they are: _____

Pet Health Information

Please provide a health history of your pet (attach veterinarian records as relevant):

Recurring health problems, if any:

Current medications, if any:

Type of flea/heartworm preventative, if any:

Special diet needs:

Allergies to foods, medications, fleas, flea control products

etc.:

Special care

instructions:

Pet's Veterinarian

Clinic:

Telephone:
