

ALTERNATIVE PET INFORMATION SHEET

Client Name: _____

Pet's Name: _____

Date of Birth: _____

Species: _____

Color/Markings: _____

Sex: (M or F) _____ Neutered / Spayed _____

Feeding:

What kind of food/s does your pet eat?

When does your pet eat?

Special feeding instructions:

Medication:

Is your pet on any medications that must be administered? If yes, please describe any medication procedures and the name and dosage of the medication as well as where it is kept.

Other

Is your pet allowed outdoors?

Does your pet have favorite toys?

Does your pet have favorite hiding places?

Is there something that will bring your pet out of hiding (the sound of a toy or treat for example)?

How often do you clean your pet's living space?

Traits:

Please answer the following brief questionnaire about your pet. It will help us to better care for him/her. Please answer Yes or No and elaborate if needed.

Tries to escape?

Will not eat when stressed?

Prone other complications?

Skittish with strangers?

Uses a litter, hay, wood shavings, etc box reliably?

Fearful of loud noises?

Likes to be petted?

Likes to be held?

Uses their claws?

Has the pet bitten anyone?

Other signs of aggression?

Please indicate anything else about your pet's habits or behavior that would be useful to me in providing care: