

Lynne Fata
732 690 1822



Owner:

Pet Information

Pet Name: _____ **Pet Type & Breed:** _____
 Sex: M F **Age:** _____ **Weight:** _____ **Spayed/Neutered:** Yes No **Declawed:** Yes No

Physical Description (colors):

Feeding Instructions:

	brand	amount	a.m.	p.m.	<input type="checkbox"/> Medication(s)
<input type="checkbox"/> Dry:					<input type="checkbox"/> Vitamins(s)
<input type="checkbox"/> Wet:					
<input type="checkbox"/> Treats:					

Pet's Living Area (indoor and outdoor):

Collar & Leash type: Walking Instructions: <input type="checkbox"/> Not allowed outdoors at all <input type="checkbox"/> Only allowed outdoors on leash <input type="checkbox"/> Let out, invisible fenced yard with collar <input type="checkbox"/> Let out, secure fence <input type="checkbox"/> Let out, no fence, but doesn't leave yard <input type="checkbox"/> Not allowed indoors	<input type="checkbox"/> Allowed on furniture, counters, beds <input type="checkbox"/> Restrict pet area/crate when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times ● Restricted Area/Crate Location: ● other off limit areas:
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Emergency Care:

Vet or Clinic Name:	Phone:
	Microchipped: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Vaccinations up to date Yes <input type="checkbox"/> No <input type="checkbox"/>

Pet Medical History: (allergies, illnesses/injuries)

Temperament/Personality:

Favorite Games, Toys, and Activities:	Pet Doesn't Like:
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Comments and Special Restrictions: