



Pet Profile

Client Name

Street Address

City

Zip Code

Pet Name

Pet Type (Dog, cat, reptile, etc)

Age

Does this pet take any daytime medications or supplements? Yes / No If Yes, what medications do they take and when?

Does this pet have allergies? Yes / No If Yes, what are they?

Are there any other medical issues or past surgeries we should be aware of? Yes / No If Yes, please list them.



Where is your pet's food located? How much food do they receive per day?

Would you like us to give your pet treats during our visit? Yes / No

Has your pet ever escaped? Yes / No

If Yes, please provide a detailed summary of how often this happens, how the pet escapes (door dasher, jumps the fence, slips out of collar, escapes their cage, etc), and whether there are any particular spots they can be found (neighbor's yard, local park, etc).

Is your pet friendly toward new people/strangers? Yes / No If No, how does your pet react?

Please fill out this pet's daily schedule below. What time do they wake up, when are meals, potty breaks, etcetera.

Time						
Early AM						
(5 to 8)						
Late AM						
(8 to 12)						
Afternoon						



(12 to 4)						
Evening						
(4 to 8)						
Night Time						
(8 to 11)						
Overnight						
(11 to 5)						

Cat Questionnaire *(please skip if this does not apply to your pet)*

Where does your cat reside? Indoor Only / Indoor/Outdoor / Outdoor only

If your pet is indoor/outdoor, what time(s) of day are they typically outside?

When can we expect him or her to return?

Dog Questionnaire *(please skip if this does not apply to your pet)*

Size: Small / Medium / Large / Giant

Has your dog been leash-trained? Yes / No

Is your dog leash reactive? (Leash reactive means certain stimuli will cause your dog to bark, lunge, pull, etcetera) Yes / No / Unknown



If yes, what does your dog react to (Circle all that apply)? Other Dogs / Adults / Children / Cats / Wildlife / Thunder / Fireworks

How does your dog respond to these stimuli?

Does your dog know basic commands (sit, stay, down, leave it, etc)? Yes / No

Is your dog spayed/neutered? Yes / No If No, please provide additional instructions on the back of this profile.

After caring for your pet, does he or she need to go back in a crate? Yes / No

Please list any additional information or comments below.

Client Signature

LTWL Signature