



## Animal Questionnaire Page 1

Owner Information				
Name		Town		
Address		Phone #		
Email		Cell #		
Emergency Contact Info				
Name		Relationship		
Phone #		Email		
Pet Information				
Pet Name		Age		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Breed		Weight		
Length of Time owned		Spay/neutered	<input type="checkbox"/> Y <input type="checkbox"/> N	
Physical Description				
Pet's Living Area and Commands (please check and/or specify)				
<input type="checkbox"/> NOT allowed outdoors at all		<input type="checkbox"/> Allowed on furniture, counters, beds		<b>Commands</b>
<input type="checkbox"/> ONLY allowed outdoors on leash		<input type="checkbox"/> Restrict pet area/crate only when pet is alone		<input type="checkbox"/> Sit <input type="checkbox"/> Up <input type="checkbox"/> Food
<input type="checkbox"/> Turn out, fenced yard with collar		<input type="checkbox"/> Restrict pet area/crate at all times		<input type="checkbox"/> Stay <input type="checkbox"/> Come <input type="checkbox"/> Treats
<input type="checkbox"/> Pet can be left alone in house		<input type="checkbox"/> NOT allowed indoors		<input type="checkbox"/> Down <input type="checkbox"/> Out <input type="checkbox"/> Drop it
Other off-limit areas >>				<input type="checkbox"/> Off <input type="checkbox"/> In <input type="checkbox"/> Walk
Restricted Area/Crate Location >>				<b>Other commands</b>
Pets favorite toys/games >>				
Beds/Sleeping areas/habits >>				
Other Notes Re: Living area >>				



## Animal Questionnaire Page 2

Feeding Instructions							
Feeding Times	Time	Kibble Quantity	WET/Can Quantity	RAW Quantity	Snacks Quantity	Feeding Location	Special Instructions (ex. Mix with water, top with cheese)
Morning							
Midday							
Evening							
Before Bed							
<input type="checkbox"/> Dispose of uneaten food <input type="checkbox"/> Feed apart from other pets/supervise <input type="checkbox"/> Pet allow taking away food dish (at any time)			Remove food after ? minutes				
			Other Notes re: feeding >>				
<b>WATER: Your pet's water will be changed daily. Leftover water will be used for outdoor plants if possible.</b>							
Water type for pets	<input type="checkbox"/> Filtered	<input type="checkbox"/> Tap	<input type="checkbox"/> OK to drink from pool		Other >>		
<b>Medications</b>							
Medication Type/Name	Time	Method	Amount	Side Effects?	Instructions (ex. Mix with food, hide in treat, force down throat)		
<b>Emergency Care:</b>							
Vet Name				Clinic Name			
Address				Phone			
Pet Allergies >>							
Heartworm test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative			Vaccinations up to date (month/yr)			



## Animal Questionnaire Page 3

<b>Pet Medical History</b> (ongoing or reoccurring known illnesses/injuries, treatments & medications)	
<b>Temperament/Personality</b>	
Pet Does NOT Like: please check	
<input type="checkbox"/> Baths / garden hose <input type="checkbox"/> Massage <input type="checkbox"/> Fireworks <input type="checkbox"/> Other Dogs	<b>Other Things Pet does NOT Like</b>
<input type="checkbox"/> Thunderstorms <input type="checkbox"/> Hot Days <input type="checkbox"/> Strangers <input type="checkbox"/> Other Cats	
<input type="checkbox"/> Other family pets <input type="checkbox"/> Loud noises <input type="checkbox"/> Sprays <input type="checkbox"/> Other Animals	
<input type="checkbox"/> People near food dish <input type="checkbox"/> Electronics <input type="checkbox"/> Doorbell <input type="checkbox"/> All humans	
Pet reacts to any of the above by >>	
Is your pet sensitive about being touched? (Tail/ears/paws/chest/neck/head etc.)	
Please Explain >>	
Has/Does Pet Ever	Explanation
<input type="checkbox"/> Attacked/Bit Anyone	
<input type="checkbox"/> Attacked/Bit another animal	
<input type="checkbox"/> Injured self	
<input type="checkbox"/> Escaped	
<input type="checkbox"/> Destroyed anything while away	
<input type="checkbox"/> Make noise while away (bark/whine)	
<input type="checkbox"/> Chew/scratch furniture	
General/Overall Comments	