



www.lazydaypetservices.com

### Pet Information Form

(one for each pet)

Pet Name: \_\_\_\_\_  Cat  Dog  Bird  Other \_\_\_\_\_

Sex:  Female Spayed?  Yes  No  Male Neutered?  Yes  No

Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Pet's Date of Birth: \_\_\_\_\_ Pet's Weight: \_\_\_\_\_

Pet's collar color: \_\_\_\_\_ ID Tags:  Yes  No Microchip:  Yes  No

Favorite toys and special treats: \_\_\_\_\_

Personality (include phobias/fears) \_\_\_\_\_

Has your pet ever snapped at or bitten anyone?  Yes  No

Is your pet good with children?  Yes  No

Does your pet have a history of biting or fighting with other animals?  Yes  No

Can you groom your pet?  Yes  No

Are you aware of any reason we should approach your pet with caution? \_\_\_\_\_

How does your pet react to your absence from home? \_\_\_\_\_

Daily exercise to be given:  Yes  No

### **Feeding Instructions**

A.M. \_\_\_\_\_

P.M. \_\_\_\_\_

Brand of Pet Food Used: \_\_\_\_\_

May pet sitter give your pet treats?  Yes  No

Medications: \_\_\_\_\_

Name of Medication	When to Administer Medication	Amount	How to Administer

### **Please provide proof of vaccinations**

Rabies shot good through (date) \_\_\_\_\_ DHLPP shot good through (date) \_\_\_\_\_

History of illness?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_