Pet Information

Please complete one form per pet or group.

Owner: ______________________

Length of Time Owned: ______________

Breed: ______________________

License #: ______________

Physical Description:

____

Pet Name:

Pet Type: Dog / Cat / _____

Sex: M/F Declawed: Y/N Neutered: Y/ N

Microchip/Tattoo/Dog Tag #: _____

Birth date: ___________ Or Age: ________

Weight: ___________ Or Size: ________

Feedlng Instructions:

☐ Feed apart from other pets/supervise ☐ Dispose of uneaten food ☐ Remove food after _____ minutes

☐ **Dry Food** **Brand:** **Measure with:** **Amount:** **Where to feed:**		☐ **Morning** ☐ **Afternoon** ☐ **Dusk** ☐ **Night**	**Procedure:**
☐ **Wet Food** **Brand:** **Measure with:** **Amount:** **Where to feed:**		☐ **Morning** ☐ **Afternoon** ☐ **Dusk** ☐ **Night**	**Procedure:**
☐ **Medication(s)** **Amount:** **Location:** **Hide In Treat:**		☐ **Morning** ☐ **Afternoon** ☐ **Dusk** ☐ **Night**	**Procedure:**
☐ **Medication(s)** **Amount:** **Location:** **Hide In Treat:**		☐ **Morning** ☐ **Afternoon** ☐ **Dusk** ☐ **Night**	**Procedure:**
☐ **Water**	***Water will be cleaned and filled frequently***	☐ **Tap** ☐ **Bottled** ☐ **Filtered**	**Dish Location:** **Water Location:**
☐ **Treats** **Brand/Name:** **Amount per Visit:** **Location:**		**Notes:**	
☐ **Other**		**Notes:**	

Toby's Pet Care * 559-813-5877 * 5730 N. First St. #105-324 Fresno, CA 93710 * Eddie@TobysPetCare.com * www.TobysPetCare.com

Medical History:

Describe ongoing or reoccurring illnesses, injuries, treatments or medications: _____

Flea treatment? _____

Pet allergies: _____

Symptoms to look for: _____

Rabies Vaccine up to date? ☐ Yes ☐ No Is pet on heartworm medication? ☐ Yes ☐ No

Lyme Disease? ☐ Yes ☐ No If yes, has your pet been treated? _____

Temperament/Personality:

Pet Doesn't Like:

☐ Leashing
☐ Walking
☐ Petting/Massage
☐ Ears Touched
☐ Sprays
☐ Hot Days
☐ Rain / Snow / Cold
☐ New Animals
☐ Other family pets
☐ People near food dish
☐ Sharing Food Dishes
☐ Loud Noise / Vacuum / Garbage Disposal / Thunder
☐ All Humans
☐ Strangers
☐ ______________________________

Pet reacts to the above by: ______________________________

Has Pet Ever:

☐ Attacked someone/bit someone
☐ Attacked another animal
☐ Injured self /escaped out of fear
☐ Injured self out of boredom
☐ Escaped from home,

Where does he/she like to escape to? ______________________________

How can he/she be retrieved? ______________________________

Describe (even if mild, or under extreme/unusual situations)

Commands:

Please list commands pet knows:

Commands you are working on with your pet:

Allowed to go for rides in dog walker's vehicle in cases of emergency? ☐ Yes ☐ No

Allowed to come to dog sitter's home in cases of emergency? ☐ Yes ☐ No

May we take a picture of your pet? ☐ Yes ☐ No

If so, may we post your pet's picture online at www.TobysPetCare.com and/or facebook fan page? ☐ Yes ☐ No

Favorite games, toys and activities: ______________________________

Obedience training or schooling: ______________________________

Signature: ______________________________

Printed Name: ______________________________

Date: ______________________________