

PET INFORMATION



(1) Owner's Name: _____ Phone: _____

(2) Owner's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Pet's Name: _____ Breed: _____

Birth Date: _____ Sex: **MALE** **FEMALE** Neutered: **YES** **NO** **NOT YET**

Can your pet jump or climb over or under a fence: **YES** **NO**

Has your pet ever shown signs of **dog** aggression: **YES** **NO**

Has your pet ever shown signs of **cat** aggression: **YES** **NO**

Has your pet ever shown signs of **human or fear-based** aggression: **YES** **NO**

Has your pet ever shown signs of resource guarding toys, food, people, or other dogs: **YES** **NO**

Has your pet ever successfully, or attempted, to ingest a foreign object(s): **YES** **NO**

History of medical conditions, illnesses, etc: _____

Allergies or sensitivities: _____

Primary veterinarian: _____

Any additional notes: _____

Pet(s) Owner Signature: _____ Date: _____

This agreement will remain valid for all visits unless a new one is requested.