



COMPANION ANIMAL INFORMATION

Your Name: _____ Date: _____

Companion Animal's Name: _____ DOB _____

Dog Cat Male Female

Breed: _____ Color: _____ Weight: _____

Please check Yes or No for each of the following questions.

Is he/she Spayed/Neutered? Yes No

Are shots current? Yes No

Does he/she have ID tags? Yes No

Does he/she have a microchip? Yes No

If yes, have you registered it? Yes No What system? _____

What is her/his temperament? Friendly Reserved Very Shy Aggressive

Is he/she okay around dogs: Males? Yes No Females? Yes No

Is he/she okay around cats: Males? Yes No Females? Yes No

Is he/she okay around children? Yes No

Is he/she housebroken or litter box trained? Yes No

Any chronic health problems? Yes No If yes, what chronic health problems? _____

Any special diet requirements? Yes No If yes, which food? _____

Is he/she on medication? Yes No If yes, which medication? _____

For Cats: Is he/she kept: indoor outdoor both

For Dogs:

Can he/she be left alone in the house? Yes No

Can he/she be left alone in a fenced yard? Yes No If yes, is he/she a digger? Yes No

Leash-trained? Yes No Crate-trained? Yes No Is he/she a barker? Yes No

Likes? _____

Dislikes? _____

Bad habits/fears? _____