

Pet Profile

Your Pet Profile documents should be kept in a safe but accessible place with your other important papers and copies should be distributed to all parties in your pet's circle of care.

PET OWNER

Name: _____ Date: _____

Address: _____

City/State/Zip Code: _____

Mobile Phone #: _____ Home Phone #: _____

Work Phone #: _____ Email Address: _____

In the event of my illness or death, I have made arrangements for the care of my pets with the person or organization listed below:

PET 1

Name: _____ Type of Animal: _____ Male Female Age: _____

Physical Description: _____

Where the pet is currently housed: _____

Microchip Reference #: _____

Photo Attached Medical History Attached Veterinarian: _____ Phone: _____

PLEASE INFORM

Person/Organization: _____ Phone #: _____ Other #: _____

Address: _____

City/State/Zip Code: _____

PET 2

Name: _____ Type of Animal: _____ Male Female Age: _____

Physical Description: _____

Where the pet is currently housed: _____

Microchip Reference #: _____

Photo Attached Medical History Attached Veterinarian: _____ Phone: _____

PLEASE INFORM

Person/Organization: _____ Phone #: _____ Other #: _____

Address: _____

City/State/Zip Code: _____

PET 3

Name: _____ Type of Animal: _____ Male Female Age: _____

Physical Description: _____

Where the pet is currently housed: _____

Microchip Reference #: _____

Photo Attached Medical History Attached Veterinarian: _____ Phone: _____

PLEASE INFORM

Person/Organization: _____ Phone #: _____ Other #: _____

Address: _____

City/State/Zip Code: _____

PET 4

Name: _____ Type of Animal: _____ Male Female Age: _____

Physical Description: _____

Where the pet is currently housed: _____

Microchip Reference #: _____

Photo Attached Medical History Attached Veterinarian: _____ Phone: _____

PLEASE INFORM

Person/Organization: _____ Phone #: _____ Other #: _____

Address: _____

City/State/Zip

Code: _____

PET 5

Name: _____ Type of Animal: _____ Male Female Age: _____

Physical Description: _____

Where the pet is currently housed: _____

Microchip Reference #: _____

Photo Attached Medical History Attached Veterinarian: _____ Phone: _____

PLEASE INFORM

Person/Organization: _____ Phone #: _____ Other #: _____

Address: _____

City/State/Zip Code: _____

Behavioral Information

(please attach a separate form for each pet)

Please describe your pet's preferences, likes, dislikes, phobias and habits:

Please list verbal and nonverbal commands your pet responds to, as well as body language used to communicate:

Does your pet respond to routine commands such as "sit," "stay" or "down"? If yes, please describe:

What is your pet's daily routine? (Examples: walking, feeding, playing, bedtime, etc.)

Is your pet allowed outside? Yes No

Does your pet have free access to your home? Yes No

Has your pet lived with children? Yes No

Does your pet get along with children: Infants: Yes No Ages 3+: Yes No Ages 9+: Yes No

Explain: _____

Has your pet lived with other pets? Yes Dogs Cats Rabbits Birds Other _____
 No

Does your pet like other animals? Yes Dogs Cats Other _____
 No

Explain: _____

Does your pet have any favorite toys or possessions? Yes No

If yes, please describe the items and where they are kept: _____

Does your pet enjoy games such as fetch, tug-of-war, etc.? Yes No

Please describe: _____

How does your pet behave when left alone? _____

How does your pet behave at your veterinarian's office? _____

How does your pet behave at the groomer? _____

Special Pet Care Instructions: _____

Other Information: _____

