

PET INFORMATION SHEET

Owner's Name _____

(Please fill out an individual sheet for each of pet)

Pet Name _____ cat or dog _____

Male or female _____ neutered or spayed _____ age or date of birth _____

Breed _____ approximate weight _____

Brief description of color and markings _____

Please fax current health certificate (shot records) to 1-888-607-8214.

For the health and safety of all of our guests, documentation your pet is current on their vaccinations must be on file with the Countryside Pet Retreat prior to admittance.

Please answer Yes or No to the following questions. If the answer is yes, please provide details.

Does your pet require a special diet? Yes _____ No _____

Does your pet require medication? Yes _____ No _____

Does your pet have any medical conditions such as seizures, allergies, injuries, growths, prone to hot spots? Yes _____ No _____

Does your pet require any special handling? Yes _____ No _____

Is your pet afraid of other dogs, cats, or humans? Yes _____ No _____

Is your pet aggressive toward other cats, dogs, or humans? Yes _____ No _____

Has your dog ever bitten anyone? Yes _____ No _____

Is your pet afraid of storms? Yes _____ No _____

Is your pet a known digger or climber? Yes _____ No _____

Please provide a brief description of your normal feeding schedule for your pet.

Please provide the usual times during the day your pet has the availability to relieve themselves.

Please provide any other information you feel would help us give your pet the proper care and attention during their stay with us?