



# Pet Profile

## General Information

Pet Name \_\_\_\_\_  
 Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_  
 Gender M F Spayed/Neutered Y N Birthday \_\_\_\_\_ Weight \_\_\_\_\_

1. Has your pet seen a veterinarian within the last year? If so which one and for what reason?  
 \_\_\_\_\_
2. Where did you get your pet? \_\_\_\_\_
3. If you have not had your pet its whole life, do you have any knowledge of the animal's past history? If yes, please describe \_\_\_\_\_
4. List the people in your household (please include ages of any children) \_\_\_\_\_
5. List the other animals in your household \_\_\_\_\_

Species	Breed	Age	Gender	Spayed/Neutered

## Health and Grooming

6. Does your pet have any known existing health conditions? If so please explain \_\_\_\_\_
7. Do these conditions place any restrictions on your animal's activities? If so please explain \_\_\_\_\_
8. Is your pet currently on regular heartworm and/or flea control? If so what kind?  
 \_\_\_\_\_
9. Does your pet take any regular medications? If so what kind and how often? \_\_\_\_\_
10. Does your pet have any known allergies? If yes, please list them \_\_\_\_\_
11. Does your pet like to be brushed? Y N
12. How does your pet react to having his/her nails clipped? \_\_\_\_\_
13. How does your pet react to being bathed? \_\_\_\_\_
14. Does your pet have any sensitive areas on his/her body? \_\_\_\_\_
15. Where does your pet like to be petted? \_\_\_\_\_

