



## Additional Pet Check-in Questionnaire

### Pet Information:

Name: \_\_\_\_\_

Specie:    Dog    Cat

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ or estimated age:

\_\_\_\_\_

Sex: Male or Female

Spayed/ Neutered Y N

Weight: \_\_\_\_\_ lbs

Special

Needs: \_\_\_\_\_

Diet and Medications:

Brand of Food: \_\_\_\_\_

Flavor: \_\_\_\_\_

Feeding instructions:

Feed: \_\_\_\_\_ amount \_\_\_\_\_ times per day.

Treats:    Owner Provided: \_\_\_\_\_    House

Treats: \_\_\_\_\_

Food

Allergies: \_\_\_\_\_

Medication

Instructions: \_\_\_\_\_

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Any major changes in the house since the last visit?

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