

PET INFORMATION PAGE (Complete a separate page for each pet)

Name of Pet: _____ Color and Markings: _____
 Type of Pet: _____ Sex: _____
 Breed: _____ Spayed/Neutered: _____
 Weight: _____ Housetrained: _____
 Age: _____ Recent injuries: _____

The following are required to have been given within a year for pets receiving PBH services. If vaccinations are not up to date, PBH can assist with getting them prior to entering our program. PLEASE WRITE DATE OF LAST VACCINATION/TEST ON THE SPACE PROVIDED:

Cats: Leukemia/FIV _____ FVRCP _____ Rabies _____
 Has your cat been exposed to cats with questionable Leukemia/FIV status since last test? Y / N

Dogs: Bordatella _____ DHLPP _____ Rabies _____ Heartworm Test _____
 Date of last Heartworm Preventative _____ Date of last Flea Preventative _____

Is your pet microchipped? Y / N To whom is your pet registered?

Type of food pet is currently eating (Canned or dry? What brand & variety?)

Feeding schedule:

****NOTE: We cannot guarantee a pet will receive the same food/feeding schedule while in PBH care.**

If pet takes any medication, list type/dosage:

Please list any allergies (including food and medications):

Describe pet's temperament. Good with dogs? ___ Good with cats? ___ Good with kids? ___
 Has your pet been: Indoor/Outdoor ___ Indoor only ___ Outdoor only ___

(Dogs only) Is your dog: A chewer? ___ A fence jumper/digger? ___ Used to being crated? ___

My pet's veterinarian is: (Name, address, phone)

I do / do not (circle one) give permission to any veterinarian working with PBH to contact the above-listed vet to access the pet's medical records.

Anything else we should know about your pet: