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 _____  DHLP-P _____  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: