

The Bed and Biscuit
PET INFORMATION SHEET

Pet Owner Information

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ Cell Phone _____
State _____ Zip _____ Email address _____

My Pet's Information

Pet Name 1 _____	Pet Name 2 _____
Nickname _____	Nickname _____
Breed _____ Color _____	Breed _____ Color _____
M/F _____ Weight _____	M/F _____ Weight _____
Birthdate _____ Age _____	Birthdate _____ Age _____
Neutered? Yes ___ No ___	Neutered? Yes ___ No ___
General health? _____	General health? _____
Immunization record supplied? Yes ___ No ___	Immunization record supplied? Yes ___ No ___
Get along well with new dogs? Yes ___ No ___	Get along well with new dogs? Yes ___ No ___
Ever bitten anyone? Yes ___ No ___	Ever bitten anyone? Yes ___ No ___

If yes, please describe circumstances _____

Please be aware of the following special needs:

Pet 1 _____

Pet 2 _____

Veterinarian _____ Telephone # _____

Street _____ Emergency Phone # _____

City _____ State _____ Zip _____

In an emergency please take my pet(s) to the nearest animal care facility, or to:

The name of the person with financial responsibility for my pet during an emergency is:

Name _____ Relationship _____

Street _____ Telephone #1 _____

City _____ State _____ Zip _____ Telephone #2 _____

Special Information:

Meal Hours _____

My pet likes _____

Doesn't like _____

Favorite toy or pastime _____

Things to watch out for _____

Snacks okay _____

Do not feed _____

My pet arrived with the following items – please be sure to return them to us:

Signature _____ Date _____

Initial _____ Date _____ Initial _____ Date _____

Initial _____ Date _____ Initial _____ Date _____