



Pet Service Profile

Pet Type: Dog Cat

Pet Information

Pet Name: _____ DOB: _____

Breed: _____

Weight: _____ Color/Markings: _____

Sex: Un-Neutered Male Neutered Male Un-Spayed Female Spayed Female

Please describe your pet's feeding routine and portions:

Drinking Water: Faucet Filtered Bottled

Medication/Supplements Instructions:

When did your pet last visit the vet? _____

Does your pet have any ongoing medical issues? Yes No

Vetrenarian to be contacted is:

Address: _____

Phone: _____

Should specified veterinarian be unavailable, client authorizes PawStroll, LLC to select veterinarian of their choice:

Yes No Client Initial_____ (no treatment will be provided if primary vet is unavailable)

Is your dog currently vaccinated? Yes No

Where would you like your pet kept while you are away?

Is your pet stressed by: Thunder Firecrackers Men Other

Please describe your pet's disposition: _____

Does your pet have any sensitive areas that he/she does not like to be touched?

Please explain

Client states that the pet to be cared for by PawStroll, LLC is safe to be around and as not previously caused injury to any person or animal unless stated below. Any special concerns or instructions related to ensuring the safety of PawStroll, LLC personnel or others are listed herein:

Has ever bitten: Yes (please describe) No

Enrichment:

Please list any commands/rules your pet should know and follow:

Please list any pet names or special words you use with your pet:

Favorite games or toys:

Please describe any unfavorable behavior your pet displays in the home (i.e. getting into the trash, chewing on the couch)?

What is your biggest concern about pet care service?

Any additional information we should know: