

Happy Tales Pet Care

(989)387-7125

happytalespetcare.com

[happytalespetcare@gmail.com](mailto:happytalespetcare@gmail.com)

## Client Information Form

### Pet Parent Information

Owner's Name: First \_\_\_\_\_ Last

\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip

Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Secondary Owner (authorized to schedule service & make decisions regarding your pets.)**

Name: First \_\_\_\_\_ Last

\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Home/Work/Cell Number: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

## Pet Information

Fill out the information below as best as possible, to make sure your pet is getting the care they need. If you have a pet that is not a dog or cat some of the information might not be relevant to you, only fill out what is relevant to you and your pets. **(Fill out pages 2-6 for every pet you have)**

Pet Name: \_\_\_\_\_ Pet Type: Dog / Cat / Other \_\_\_\_\_

Age: \_\_\_\_\_ Estimate Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Unique Markings: \_\_\_\_\_ ☐ Yes / ☐ No

No ☐ ☐ ☐ ☐

Gender: Female Male Microchipped: Yes No

## Emergency Care

\*Placing a Credit Card on file at vet's office is recommended

Veterinarian Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Veterinarian: \_\_\_\_\_

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

Rabies: ☐ Yes ☐ No

Bordetella (Kennel Cough): ☐ Yes ☐ No

☐ ☐

DHLP (Distemper, Influenza, Parvo):            Yes            No

Pet Medical History (ongoing or recurring know illnesses/injuries & treatments):

## wPet Care and Feeding Instructions

Does your pet need the following things

☐ Feed apart from other pets / supervise

☐ Dispose of uneaten food

☐ Remove food after \_\_\_\_\_ minutes

Medication Required?    ☐ Yes    ☐ No            If Yes, please list the name, dose and schedule below.

<b>Dry Brand</b> Brand: _____ Measure with: _____ Amount: _____ Where to Feed: _____	<b>Feeding Times</b> <input type="checkbox"/> Morning ____:____ <input type="checkbox"/> Afternoon ____:____ <input type="checkbox"/> Evening ____:____	<b>Procedure</b>
<b>Wet Brand</b> Brand: _____ Measure With: _____ Amount: _____ Where to Feed: _____	<b>Feeding Times</b> <input type="checkbox"/> Morning ____:____ <input type="checkbox"/> Afternoon ____:____ <input type="checkbox"/> Evening ____:____	<b>Procedure</b>
<b>Medication</b> Name: _____	<b>Medication Times</b> <input type="checkbox"/> Morning ____:____ <input type="checkbox"/> Afternoon ____:____	<b>Procedure</b>

Amount: _____ Location: _____	<input type="checkbox"/> Evening ____: ____	
<b>Medication</b> Name: _____ Amount: _____ Location: _____	<b>Medication Times</b> <input type="checkbox"/> Morning ____: ____ <input type="checkbox"/> Afternoon ____: ____ <input type="checkbox"/> Evening ____: ____	<b>Procedure</b>
<b>Water</b>	Water will be cleaned and filled frequently.	<b>Dish Location:</b>  <b>Water Location:</b>
<b>Treats</b> Name: _____ Amount: _____ Location: _____		<b>Notes:</b>

## Pet Schedule and Living

Walking and Bathroom Schedule:

\_\_\_\_\_

Pet's location when sitter arrives (crated, bedroom)?

\_\_\_\_\_

Where should sitter leave pet at end of visit?

\_\_\_\_\_

What length of time is your pet okay to be left alone?

☐
☐
☐

- ☐ 2-4 Hours
 ☐ 4-6 Hours
 ☐ 6-8 Hours
 ☐ Can't Be Left Alone
- ☐ Other: \_\_\_\_\_

Location of leashes, litter boxes, carriers, toys etc.

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Check all that apply:

- ☐ NOT allowed outdoors at all
 ☐ Allowed on furniture/beds/counters  
 (circle all that apply)
- ☐ ONLY allowed outdoors on leash
- ☐ Free to roam, invisible fenced yard with collar
 ☐ Restricted pet area / crate only  
 when pet is alone
- ☐ Free to roam, secured fence
- ☐ Free to roam, no fence, but does not leave yard
 ☐ Restricted Area / Crate Location: \_\_\_\_\_
- ☐ NOT allowed indoors

## Behavior and Personality

Pet DOESN'T like (check all that apply)

- ☐ Getting Wet
 ☐ Rain/Snow
 ☐ People Near Food
- ☐ Dish
 ☐
☐
- ☐ Being touched
 ☐ Other Animals
 ☐ Shared Food
- ☐ Dishes
- Where at: \_\_\_\_\_
 ☐
☐

☐ Being Held

New Animals

Loud

Noises/Thunder

☐☐

☐ Hot / Cold Days

Other Family Pets

Strangers

Which pet(s): \_\_\_\_\_

Other: \_\_\_\_\_

Pet reacts to the above by:

Has Your Pet Ever:

☐ Attacked someone/bit someone

Describe (even if mild or under  
extreme/unusual circumstances)

☐ Attacked another animal

☐ Injured self / escaped out of fear

\_\_\_\_\_

☐ Injured self out of boredom

\_\_\_\_\_

☐ Escaped from home  
to?

Where does he/she like to escape

How can he/she be retrieved?

\_\_\_\_\_

Has your pet spent time with people outside of your immediate family? Are they comfortable around strangers and children?

☐

Yes

☐

No

Does your dog enjoy being around other dogs?

☐

Yes

☐

No

Has your pet ever exhibited signs of stress when away from your home or home alone?

☐

Yes

☐

No

If yes, do you have any tips or medication you give them for keeping them calm?

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Special instructions for walking on leash:

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Favorite Game, Toys, and Activities:

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How would you describe your pet's personality?

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Comments:

How did you hear about Happy Tales?

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Client/Owner Name: 

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Signature: \_\_\_\_\_ Date:

\_\_\_\_\_