

# Carol Cares

## The Total Pet Care Service



### CLIENT & PET PROFILE — Tell us about your Pet:

Type of Pet: ☒ Dog ☒ Cat ☒ Bird ☒ Other: \_\_\_\_\_

Name of Pet: \_\_\_\_\_

Breed (if known): \_\_\_\_\_

Date of Birth (if known): \_\_\_\_\_

Sex: ☒ Male ☒ Female      Altered: ☒ Yes ☒ No

1. Is your pet up to date with his/her vaccinations/shots: ☒ Yes ☒ No

Rabies: ☒ Yes ☒ No      DHPP: ☒ Yes ☒ No      Lyme: ☒ Yes ☒ No

2. Known allergies: \_\_\_\_\_

3. Current Diet (Brand, serving size) – Food & Treats: \_\_\_\_\_

4. Does your pet have special dietary restrictions or needs? ☒ Yes ☒ No

If yes, please list here: \_\_\_\_\_

5. Is your pet licensed in your home town? ☒ Yes ☒ No

6. Does your pet have any known illness/conditions? ☒ Yes ☒ No

If yes, please list here: \_\_\_\_\_

7. Does your pet require any medication? ☒ Yes ☒ No

If yes, please provide full description of medication/dosage instructions: \_\_\_\_\_

8. Has your pet ever shown any aggression towards people or other animals? ☒ Yes ☒ No

9. Has your pet ever bitten another person or animal? ☒ Yes ☒ No

10. Has your pet had formal obedience training? ☒ Yes ☒ No

If yes, what commands is your pet most familiar with:

☒ Sit ☒ Heel/Walk ☒ Stay ☒ Lie Down ☒ Other: \_\_\_\_\_

11. If there is any other special requirements or anything we should know about your pet, please list here:

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