

Fact Sheet

Client's Name: _____
Breed: _____
Birth Date: _____ Size: _____
Color: _____ Sex: _____
Tattoos: _____

Owner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone# (W): _____
Telephone# (H): _____
Telephone# (C): _____
Other Contact Telephone#: _____
Email: _____

Vet's Name: _____
Address: _____
Telephone#: _____
Chip Implant: _____

Owner hereby authorizes Critter Central and its employee(s) to treat pet in an event of emergency and as needed at either veterinarian listed above, at emergency vet, or at a local veterinarian. Veterinarian will be determined by Critter Central employee(s) as the situation arises. Owner guarantees payment to such chosen veterinarian in full of all costs incurred in the event such services are needed.

Owner's Signature

In addition, Owner hereby agrees to pay for the replacement and/or repairs caused by any damages done by pet(s).

Owner's Signature

Date

Immunization must be current. Copies of your vet's records are required for our files.

- . Kennel Cough (Required every 6 months)
- . 1 year Rabies or 3 year Rabies
- . Lyme (optional)
- . Lepto
- . DHPPC
- . Stool Sample For Worms & Giardia (Required within last 6 months)
- . Flea Preventative (Last date applied. Required within last 20 days.): _____
Brand: _____

Medical History (Is there any history of the following?)

Seizures: _____

Heart Disease: _____

Allergies: _____

Eyes/Blindness/Sight Problems: _____

Ears/Deafness/Hearing Problems: _____

Pain Anywhere: _____

Does the dog have any Sensitive Areas on his/her body? _____

Auto Immune Disorder: _____

Teeth/Mouth Pain: _____

Did the dog suffer any broken bones? Where?: _____

Any thing else?: _____

Does the dog take any Medications?: _____

Does the dog take vitamins? _____

Schedule of Medications/Vitamins: _____

Food

Schedule (How often fed): _____

Type (ie: Wet/dry & brand): _____

Quantity per feeding: _____

Water limitations?: _____

Peanut Butter OK? _____

Snacks OK? _____

What other snacks does your puppy like?: _____

Does your dog eat on a raised platform or the floor?: _____

Elimination Schedule (How often does dog go out to relieve himself and what does he do each time): _____

Personality

Fears: _____

Small Animal Aggression: _____

Is dog cat friendly?: _____

Children: _____

Other Dogs: _____

Have you ever used a crate?: _____

Do you use Baby Gates: _____

Muzzle: _____

What could cause the dog to Snap / Bite?: _____

What could cause the dog to Growl?: _____

History of Chewing (what does dog chew on? Wood, leather, kong?): _____

Smiles: _____

History of eliminating in house (When was the last time the dog eliminated in the house?

What was the reason behind elimination in the house?): _____

Other: _____

Where dog sleeps at night: _____

Where dog is kept when owners are not home: _____

How does dog feel about people around him/her while eating? _____

Miscellaneous Comments

