

Hometown Critter Care

Name _____

Email address _____

Home address _____

Phone _____

Emergency Contact phone # _____

(if owner is unavailable)

Pet/Vet info _____

Pet's Name _____ Gender _____

Weight _____ Age _____

Is Pet spayed/neutered _____ Up to date on vaccs _____

If not, which ones are needed _____

Veterinarian name & address _____

_____ Phone # _____

Pet Behavior Info _____

How long have you owned your pet? _____

How old was your pet when you got him/her? _____

What do you know of your pet's background? _____

How is your pet's reaction when meeting strangers? _____

Is your pet afraid of any noises, ie storms, or any other situations?

Does your pet have any bad habits, digging, biting, snapping?
