

PET INFORMATION QUESTIONNAIRE

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This information is currently as of: _____

Owner(s)

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Pet(s)

Name of Pet: _____

Date of Birth (or approximate, if unknown): _____ Sex: _____

Species/Breed: _____ Indoor/Outdoor: _____

Other description or form of identification (i.e. unique physical feature, microchip etc.):

Name of Pet: _____

Date of Birth (or approximate, if unknown): _____ Sex: _____

Species/Breed: _____ Indoor/Outdoor: _____

Other description or form of identification (i.e. unique physical feature, microchip etc.):

Pet Insurance Information

Company Name: _____

Policy/Contract Information: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone/E-Mail: _____

Veterinary and Health Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone and Facsimile: _____

Email: _____

Location of veterinary records: _____

Current medications (including instructions for administering medication):

Other health considerations (including prior spaying or other surgery, susceptibility to allergies, etc.):

Caretaker Information

Temporary Caretaker (immediately available on short-term basis)

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone/E-Mail: _____

Permanent Caretaker (who will be providing care on long-term basis)

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone/E-Mail: _____

Daily Care Information

1. Description of pet's daily routine.

2. Description of pet's accommodations (i.e. where the pet sleeps, where the pet stays during the day, etc.)

3. Description of the pet's diet and feeding instructions (i.e. brand of food, items not to be fed, time of day, etc.)

4. Description of recreational activities (i.e. walks/exercise, games, toys used, etc.)

5. Description of persons, objects, or circumstances that pet does not like (i.e. loud noises, children, other animals, etc.)

6. Description of circumstances which will cause the pet to become angry or upset (i.e. biting, growling, etc.)

7. Description of other behavioral issues and remedies, if applicable.

Other Documents Relevant to the Care of the Pet

Last Will and Testament: If yes, please complete the section below.

- a. Location of Original: _____
- b. Date created: _____
- c. Who prepared (i.e. attorney who prepared document) _____

Trust Agreement: If yes, please complete the section below.

- a. Location of Original: _____
- b. Trust Name: _____
- c. Date created: _____
- d. Who prepared (i.e. attorney who prepared document) _____

Durable Financial Power of Attorney: If yes, please complete the section below.

- a. Location of Original: _____
- b. Date created: _____
- c. Who prepared (i.e. attorney who prepared document) _____

Contract for care of pet: If yes, please complete the section below.

- a. Location of Original: _____
- b. Date created: _____
- c. Who prepared (i.e. attorney who prepared document) _____

Other Documents: If yes, please list and complete the section below.

Document Title: _____
Location of Original: _____
Date Created: _____
Who Prepared: _____

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Location of Original: _____
Date Created: _____
Who Prepared: _____

Other Comments or Instructions
