



Pet Profile

Pet's Name _____ Female/Male _____ Spayed/Neutered _____

Distinguishing characteristics and markings

License Number _____

Microchip Make and Number _____

Emergency Numbers

PLEASE NOTIFY MY _____ (relationship)

Name _____

Cell Phone _____ Daytime Phone Number _____

Evening Phone Number _____

They will help with

MY VET IS – Name _____

Office Phone Number _____

Office Address _____

Emergency Phone Number _____

My pet will easily get into a crate for transport Yes No

If not these are my tips

My pet is used to riding in the car Yes No

ANOTHER PERSON WHO WILL HELP IS –Name _____

Cell Phone _____ Daytime Phone Number _____

Evening Phone Number _____

They can help with _____

I will gladly pay for any care my pet requires while I am incapacitated up to \$_____.

Signature Date

Be sure to consult your attorney about including this information in the appropriate legal documents.

PLAY

Favorite Games

Preferred Time

How my pet feels about being touched and/or held

Special Instructions

POTTY

My Pet is House broken not housebroken crate trained

My pet asks to go out by

We are on a schedule

The supplies are kept

My pet walks on a leash

For cats – Type and Brand of Kitty Litter

Location of kitty litter pan

Disposal of Waste

Special Instructions

DURING THE DAY

My pet stays (i.e. in the crate, confined to the kitchen)

BEDTIME

My pet sleeps (i.e. in my bedroom, in the living room)

OTHER ANIMALS, CHILDREN & FRIENDS

My pet gets along well with

My pet doesn't like

My pet has shown aggression and/or has bitten and/or scratched

MY PET IS AFRAID OF

MY PET LOVES

MY PET IS POSSESSIVE OF

MY PETS BAD HABITS ARE
