

## PHS SINGLE DOG PROFILE

Separate form for each pet: \_\_ of \_\_

Date \_\_\_\_\_ Account # \_\_\_\_\_

Owner: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Length of Time Owned: \_\_\_\_\_ Sex: M/F Spayed/Neutered Y/N

Birth date: \_\_\_\_\_ Or Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Or Size: \_\_\_\_\_

License #: \_\_\_\_\_ Microchip/Tattoo/Tag #: \_\_\_\_\_

Vaccinations (month/yr): \_\_\_\_\_ Pet Allergies: \_\_\_\_\_

Breed/Description: \_\_\_\_\_

**Pet Medical History:** (ongoing or reoccurring known illnesses/injuries, treatments & medications) \_\_\_\_\_

**Emergency Care** (*Only if different from primary Vet listed on Client Profile*)

Vet Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

**Feeding Instructions:**

- Feed apart from other pets/supervise
  Dispose of uneaten food  
 Remove food after \_\_\_\_ Min

<input type="checkbox"/> <b>Dry</b> Brand: Measure with: Amount: Where to feed:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Wet</b> Brand: Measure with: Amount: Where to feed:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Medication(s)</b> Amount:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk	Procedure:

Location: Hide In Treat:		<input type="checkbox"/> Night	
<input type="checkbox"/> <b>Medication(s)</b> Amount: Location: Hide In Treat:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Water</b>	<i>Water will be          cleaned and          filled frequently</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location:  Water Location:
<input type="checkbox"/> <b>Treats</b> Kind: Amount: Location:		<b>Notes:</b>	

**Pet's Living Area:**

<input type="checkbox"/> NOT allowed outdoors at all. <input type="checkbox"/> ONLY allowed outdoors on leash. <input type="checkbox"/> Turn out, invisible fenced yard with collar <input type="checkbox"/> Turn out, secure fence. <input type="checkbox"/> Turn out, no fence, but doesn't leave yard. <input type="checkbox"/> NOT allowed indoors	<input type="checkbox"/> Allowed on furniture, beds. <input type="checkbox"/> Restrict pet area/crate only when pet is alone. <input type="checkbox"/> Restrict pet area/crate at all times.  Restricted Area/Crate Location: _____ _____  Other off-limit areas: _____
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**Temperament/Personality:** \_\_\_\_\_

**Pet Doesn't Like:**

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Baths        | <input type="checkbox"/> Hot Days              | <input type="checkbox"/> Sharing Food Dishes           |
| <input type="checkbox"/> Rain / Cold  | <input type="checkbox"/> People near food dish | <input type="checkbox"/> Loud Noise / Vacuum / Thunder |
| <input type="checkbox"/> Massage      | <input type="checkbox"/> New Animals           | <input type="checkbox"/> All Humans                    |
| <input type="checkbox"/> Ears Touched | <input type="checkbox"/> Other family pets     | <input type="checkbox"/> Strangers                     |

Pet reacts to the above by: \_\_\_\_\_  
 \_\_\_\_\_



**Has Pet Ever:**

Describe

- Attacked/bit someone \_\_\_\_\_
- Attacked another animal \_\_\_\_\_
- Injured self /escaped from fear \_\_\_\_\_
- Injured self out of boredom \_\_\_\_\_
- Escaped from home \_\_\_\_\_
- None of the above \_\_\_\_\_

Where does he/she like to escape to/hide? \_\_\_\_\_

How can he/she be retrieved? \_\_\_\_\_

**Commands we know:** (circle) sit down heel stay come leave it fetch

Other: \_\_\_\_\_ Command for potty \_\_\_\_\_

**Commands we're working on:** \_\_\_\_\_

**Locations:**

Leash: \_\_\_\_\_ Cleaning Aids: \_\_\_\_\_

Wipe-down Towel: \_\_\_\_\_ Toys: \_\_\_\_\_

Brush: \_\_\_\_\_ Other: \_\_\_\_\_

Walk Specifications (commands, route, etc.): \_\_\_\_\_

Allowed to go for rides in sitter vehicle? Y / N

May play with sitter's personal pet(s) for socialization? Y / N

Favorite Games, Toys, and Activities:

\_\_\_\_\_  
\_\_\_\_\_

Routine: \_\_\_\_\_

\_\_\_\_\_