

## PHS SINGLE PIG 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: \_\_\_\_\_

Description: \_\_\_\_\_

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

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

**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: 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>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"/> Allowed on furniture, counters, beds <input type="checkbox"/> Restrict pet area at all times <input type="checkbox"/> Restrict pet area only when pet is alone	Restricted Area/Crate Location: _____ _____ Other off-limit areas: _____ _____
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**Locations of:**

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

**Temperament/Personality:** \_\_\_\_\_  
\_\_\_\_\_

**Pet Doesn't Like:**

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Brushing     | <input type="checkbox"/> New Animals           | <input type="checkbox"/> Loud Noise / Vacuum / Thunder |
| <input type="checkbox"/> Massage      | <input type="checkbox"/> Other family pets     | <input type="checkbox"/> All Humans                    |
| <input type="checkbox"/> Ears Touched | <input type="checkbox"/> People near food dish | <input type="checkbox"/> Strangers                     |
| <input type="checkbox"/> Scratching   | <input type="checkbox"/> Sharing food          |  |

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

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**Has Pet Ever:**

**Describe**

- Attacked/bit someone \_\_\_\_\_
- Attacked another animal \_\_\_\_\_
- Injured self /escaped from fear \_\_\_\_\_
- Injured self out of boredom \_\_\_\_\_
- Escaped from home \_\_\_\_\_

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

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

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**Favorite Games, Toys, and Activities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_