

TLC PET HAVEN

Client Information Sheet

Owner's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Name: _____

Cell Phone: _____ Name: _____

E-Mail Address: _____

Emergency Contact Name: _____ #: _____

Emergency Contact Name: _____ #: _____

Veterinarian Clinic: _____ Vet #: _____

Veterinarian's Name: _____

Pet's Name	Breed	Sex	Birth Date/Year	Approx. Wt.	Color/Markings
		M F S N			
		M F S N			
		M F S N			
		M F S N			

How did you hear about us?

- Friend or Relative
- Phone book
- other _____
- Veterinarian
- Newspaper
- Website
- Drive by

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Pet Information Sheet

Feeding Information:

- Does your pet have any food allergies or sensitivities? **Yes** **No**

If yes, to what? _____

- Do you plan on providing your own food? **Yes** **No**

If yes, what type? _____

- Can we use our food and/or cookies (if your pet is not eating, you are delayed, etc.)? **Yes** **No**

- Can we use "add-ins" to encourage your pet if he or she is not eating? **Yes** **No**

If yes, please check the add-ins we may use.

Canned Food

Parmesan Cheese

American Cheese

Hot Dogs

Baby Food

Hamburger/Turkey and Rice

- If you have more than one pet staying together, do they need to be fed separately? **Yes** **No**

If yes, why? (will fight, one eats all the food, etc.) _____

Medical Information:

- Does your pet have any other allergies or sensitivities? (grass, woodchips, chemicals, etc.) **Yes** **No**

If yes, to what? _____

- Does your pet have (or have had) any pre-existing injuries, surgeries, or conditions? (occasional limping, arthritis, hot spots, ear infections, thyroid/heart problems, diabetes, seizure, etc.) _____

- Are there any other medical conditions we should be aware of? Please explain. _____

Dog Specific Information:

- Can/Will any of these dogs jump/climb a six foot fence? **Yes** **No**

- Can/Will any of these dogs dig under a fence? **Yes** **No**

- Are any of these dogs aggressive towards people? **Yes** **No**

- Are any of these dogs aggressive towards other dogs? **Yes** **No**

- Are any of these dogs protective of food and/or toys? **Yes** **No** Which One? _____

- Does your dog ingest foreign objects? (rocks, woodchips, toys, blankets, etc.) **Yes** **No**

If yes, what do they ingest? _____

- Any special fears? (thunder, loud noises, men, hats, etc.) **Yes** **No** If yes, to what? _____

Please explain reaction to fears. _____

- Is there anything else you feel we should know about your pet? Please explain. _____
