



Pet Parent Name: _____

Date: __/____/____

Safe Contact Information:

Contact Number: _____ Email Address: _____
Emergency Contact name for Pet: _____ Emergency Contact phone number: _____
Program Case Manager: _____

Pet Profile:

Pet name: _____ Age: _____ Birthday (if known) _____
Sex: _____ Species: _____ Breed: _____
Special Designation (Service animal, ESA): _____ Abuse history: _____
Reaction to new people: _____ Friendly with other animals? _____
Friendly with children? _____

Vocalization: Low Moderate High

Energy Level: Low Moderate High

History of aggression or biting? _____ Handling sensitivities? _____

Spayed/neutered? _____ If so, do you have paperwork? _____

Allergies or medical concerns: _____

Special diet: _____

Current condition:

- Needs vaccines**
- Up to date on vaccines**
- Needs spay/neuter**
 - Yes, I give consent for my pet to be spayed/neutered.
 - Pet parent signature: _____
 - No, I do not give consent for my pet to be spayed/neutered.
 - Pet parent signature: _____
- Microchip**
 - Yes, I give consent for my pet to be Microchipped.
 - Pet parent signature: _____
 - No, I do not give consent for my pet to be Microchipped.
 - Pet parent signature: _____
- Misc. medical needs:** _____