**PET INFORMATION FORM PAW AMIGOS**

## Client Details

|  |  |
| --- | --- |
| Client Name |  |
| Address |  |
| Access details |  |
| Phone |  |
| Email |  |

## Emergency Contact Details

|  |  |
| --- | --- |
| Emergency Contact 1 | |
| Name |  |
| Phone |  |

|  |  |
| --- | --- |
| Emergency Contact 2 | |
| Name |  |
| Phone |  |

## Pets Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pet Name |  | Breed | | |  |
| Species | | | | | |
| Dog  Cat | Guinea Pig  Hamster, Mouse Rat | | | Rabbit  Other | |
| Date of Birth |  | | | | |
| Sex | Male | | Female | | |
| Spayed or neutered | Yes | | No | | |
| No – my pet is too young at time of completion | | Not applicable due to species of my pet | | |

If you dog is not spayed and they come into season you must notify Paw Amigos immediately.

|  |  |
| --- | --- |
| Colour |  |
| Where do you keep your pets lead/collar? |  |

|  |  |
| --- | --- |
| Has your pet ever done any of the following? | |
| Attacked and/or bitten someone | Attacked and/or bit another animal |
| Escaped from home | Injured self out of boredom/fear |
| Not Applicable |  |

|  |
| --- |
| Please describe the incident(s) even if mild or under extreme or unusual circumstances |
|  |

|  |  |
| --- | --- |
| Please let us know what temperament and personality describes your pet. Check all that apply. | |
| Calm | Aggressive |
| Loving | Shy |
| Easy Going | Timid |
| Lazy | Suspicious |
| Trusting | Scared |
| Crazy | Fearful |
| Sweet | Jealous |
| Cuddly | Other |
| Hyper |
| Relaxed |
| Pushy |

## Vet Details

|  |  |
| --- | --- |
| Practice Name |  |
| Address |  |
| Phone |  |
| Email |  |

## Medical Conditions & Medication

|  |  |
| --- | --- |
| Does your pet have any medical conditions? Choose an item. | |
| Details |  |

|  |  |
| --- | --- |
| Does your pet take regular medication? Choose an item. | |
| Details |  |

## Feeding Instructions

|  |  |
| --- | --- |
| Does your pet need feeding during the visit? Choose an item. | |
| Location where pet eats |  |
| Type of food | Choose an item. |
| Information about feeding |  |

## Treats

|  |  |  |
| --- | --- | --- |
| Does your pet need feeding during the visit? Choose an item. | | |
| ½ - 1 treat | 3 -4 treats | Not Treats |
| 1 – 2 treats | No limit | Other |

## Additional Information

|  |
| --- |
| Please provide any additional information. If any of your details or your pets circumstances change please inform Paw Amigos immediately so that we can update our records. |
|  |

## Disclaimer

|  |  |
| --- | --- |
| This form was prepared by | |
| First Name |  |
| Last Name |  |

|  |  |
| --- | --- |
| Date | Click or tap to enter a date. |

By ticking this box you agree that the information is accurate to the best of your knowledge and that you agree to the terms and conditions agreed previously which can be found at https://www.pawamigos.co.uk/terms-conditions You agree to update Paw Amigos should your details change or if there is a change in your pets circumstances.

**Please send to:**

[**hello@pawamigos.co.uk**](mailto:hello@pawamigos.co.uk)