

Describe overall personality of your pet: _____

What type of home would you recommend your pet be placed in?

Very Busy Busy Moderately Busy Fairly Quiet Very Quiet

Is pet compatible with: Dogs Cats Men Women
Children: Ages _____ Other similar pets Other: _____

Please list other animals living with your pet _____

Is pet afraid of anything? No Yes **If yes, what?** _____

Does pet mind:

Nails clipped	Yes	No	Don't know
Being brushed	Yes	No	Don't know
Being handled	Yes	No	Don't know
Being picked up	Yes	No	Don't know
Being bathed	Yes	No	Don't know

Does your pet bite? Yes No (Normal nibbling excluded)

If yes, please describe when and how he bites: _____

Medical Information:

Has your pet ever been to a veterinarian? Yes No

Name of veterinarian: _____ Last visit: _____

Has your pet ever had a litter? No Yes If yes, when? _____

Has your pet ever had surgery or been injured? No Yes

If yes, please explain: _____

Has your pet ever had teeth trimmed? No Yes

If yes, how often? _____

Has your pet ever had the need to be medicated? No Yes

What type of medication? _____

Thank You