

New Client-New Pet Questionnaire

Date: _____

Your Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email address: _____

Emergency Contact Name & Phone Number: _____

Key Location/Instructions: _____

Security Code: _____

Leash Location: _____

Pet Food/Treat/ Feeding Location: _____

Feeding Schedule & Prep: _____

Walk Route, if there is a specific route:

Command Words: _____

Waste Disposal: _____

Cleaning Supplies Location: _____

Additional Comments: _____

In case your pet runs out of food or in case of an emergency, we like to keep a credit card on file. This card will not be charged unless you are first contacted for a non-emergency, or in case of an emergency we will make our best efforts to call you first before charging. There is another form that will help dictate your wishes in case of an emergency to best assist you in case we are unable to reach you.

Name on Card: _____

Card Number: _____

Expiration Date: _____/_____

Security Code: _____

Pet's Name (1): _____ **DOB** _____
Species/Breed: _____ Color: _____
Sex: Neutered Male Intact Male Spayed Female Intact Female

Pet's Name (2): _____ **DOB** _____
Species/Breed: _____ Color: _____
Sex: Neutered Male Intact Male Spayed Female Intact Female

Pet's Name (3): _____ **DOB** _____
Species/Breed: _____ Color: _____
Sex: Neutered Male Intact Male Spayed Female Intact Female

Pet's Name (4): _____ **DOB** _____
Species/Breed: _____ Color: _____
Sex: Neutered Male Intact Male Spayed Female Intact Female

Pet's Name (5): _____ **DOB** _____
Species/Breed: _____ Color: _____
Sex: Neutered Male Intact Male Spayed Female Intact Female

Veterinarian Name & Clinic: _____

How long have you had your pet/s? _____

From where did you obtain your pet/s? _____

Are/were your pets **CRATE TRAINED**? _____

Are your pets **HOUSETRAINED**? _____

How many hours are your pets accustomed to spending in a crate on a daily basis? _____

Do your pets have any food allergies? If so, please list: _____

Do you have any objections to us giving your pets treats? _____

Is your pet on any medications or does she/he have any medical problems that we need to be aware of? Please list and explain:

Do your pets suffer from any chronic illnesses (seizures, stress diarrhea, etc.)?

Please answer the following questions as thoroughly as possible:

Does your pet guard objects or food from people? If yes, please explain.

Have your pets ever growled at a person? If yes, please explain.

Have your pets ever snapped at a person? If yes, please explain.

Have your pets ever bitten a person? If yes, please explain.

Are your pets afraid of thunderstorms? If yes, does she/he have medication (type and dosage)?

Has your pet ever jumped or climbed a fence? If yes, list type and height of fence.

Do your pets have any behavioral problems that we should be aware of? (for example, doesn't like small dogs, men, women, children, strangers, other dogs; doesn't like collar or a specific part of body touched, etc.)

Were you referred? If so, by whom? Thank you very much for your time.

Whiskers, Aquatics & Exotics' goal is to provide a fun and safe environment for your pet.