

Having all of your pet's vital information in one place is both handy and crucial in an emergency. So fill out this sheet, and keep it in a place where you can quickly reference it.

# Pet Information Sheet



NAME		DATE OF BIRTH	
SEX	BREED	EYE COLOR	WEIGHT
COAT COLOR	FUR TYPE	SPECIAL MARKINGS	

## Medical Information

ALLERGIES		MEDICAL PROBLEMS	
FLEA MEDICATION	DOSE	HOW OFTEN GIVEN <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BIMONTHLY	
TICK MEDICATION	DOSE	HOW OFTEN GIVEN <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BIMONTHLY	
HEARTWORM MEDICATION	DOSE	HOW OFTEN GIVEN <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BIMONTHLY	
RABIES NUMBER		VACCINE SERIAL NUMBER	

## Adoption Information

DATE ADOPTED	BREEDER/SHELTER	PHONE
REGISTRATION NAME	REGISTRATION NUMBER	MICROCHIP ID NUMBER

## Veterinarian Information

VETERINARIAN NAME	CLINIC NAME
ADDRESS	
PHONE	E-MAIL

## Groomer Information

GROOMER NAME	PHONE
ADDRESS	

## Pet Insurance Information

INSURANCE NAME	INSURANCE NUMBER
PHONE	E-MAIL

Leaving your pet with a sitter can be worrisome, but it doesn't need to be if you gather your pet's important information. Fill out this handy sheet, and review it with your sitter before leaving. You'll have greater peace of mind and enjoy your time away more.

## *Pet Sitter Information*



NAME	BIRTH DATE
ADDRESS	
PHONE	CELL

### *Pet Information*

ANIMAL TYPE <input type="checkbox"/> CAT <input type="checkbox"/> DOG <input type="checkbox"/> BIRD <input type="checkbox"/> SMALL ANIMAL <input type="checkbox"/> OTHER	
ALLERGIES	MEDICAL CONDITIONS
MEDICATIONS	
FEEDING SCHEDULE	WALKING SCHEDULE

### *What You Need to Know*

HIDING PLACE	
FAVORITE TOYS	FAVORITE GAMES
LIKES	DISLIKES
NOT ALLOWED	BAD HABITS
SECURITY CODE	ROOMS OFF LIMITS

### *Where Can I Find the...*

CLOSEST DOG PARK	
FOOD	TREATS
FOOD BOWLS	LEASHES
DISPOSABLE BAGS	PET BEDS

### *In Case of Emergency*

CLOSEST NEIGHBOR	PHONE
VETERINARIAN	PHONE

# Pet Health Record



NAME		DATE OF BIRTH	
SEX	BREED		EYE COLOR
COAT COLOR	FUR TYPE		SPECIAL MARKINGS

## Vaccinations and Medications

[illegible]