TCCTB PET INFORMATION SHEET

Pet's Name(s): _____Age(s): _____

Sex: M / F Spayed / Neutered
Dog/Cat: _____Breed/description:_____

Current on Rabies Vaccination? Y / N Tags? Y / N Microchipped? Y / N _____
Feeding
Instructions:_____
_____

Exercise / Play:_____

Health /Current Meds/Instructions_____

Litterbox/Elimination Routine_____

Indoors Instructions:
any place your pet is not allowed? _____
Favorite hiding places?_____

outdoor instructions:_____

Toys:_____Likes/Dislikes_____

Accidents: Does your pet have accidents? What causes them? How do you want them cleaned?
_____
_____

Pet Service description(trainer provided) and additional information:
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