

New Pet Information

Medical, behavioral, psychological, physical issues:
(please give detailed information)

Has the pet(s) bitten or attacked a human or other animal? _____
(if yes, explain situation) _____

Can the pet(s) be crated without destruction or anxiety? _____

Is the pet afraid of storms, gun shots, loud noises? _____

Reaction: _____

Has the pet(s) ever damaged your home during storms or while

You were away? _____ Damage? _____

Can pet be handled by strangers safely without your presence?

Allergies pet(s) have? _____

If pet is a cat, does your cat use the litter box properly? _____

Has your cat ever urinated or defecated on floors /furniture? _____

Tidy cat Clay _____ Feline pine _____

Other information important for caring for your pet(s):

Owner Signature: _____

By signing you confirm all information is correct to your knowledge.

