

Date of Hire:

PET HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your file.

Name of Pet Owner(s) (<i>Last, First, M.I.</i>):	Age of Pet(s):	Pet Name(s) and Breed Type:
Address of Pet Owner(s):		
Preferred Veterinarian:	Date of spay/neuter:	
Date of Last Exam:		

PERSONAL HEALTH HISTORY

Please list all illness and/or allergies:		
Immunizations and dates:	<input type="checkbox"/> Parvo	<input type="checkbox"/> Distemper
	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Heartworm Preventative
	<input type="checkbox"/> Rabies	<input type="checkbox"/> Flea Control

List any medical problems or pet issues that we should be aware of:

List any prescribed drugs and over-the-counter drugs, such as vitamins and topical creams required (If Applicable):		
Pet Name	Name of Medication	Frequency Taken

In Home Care Information (If Applicable):		
Pet Name	Amount given at feeding	Frequency of feedings per day

PET SAFETY

Pet Safety	Does your pet have any food or other animal/people aggression issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is your pet a biter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does your pet have vision or hearing loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does your pet have definite fear of any person, object or environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does your pet require a muzzle, harness or outerwear when being walked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If you answered yes to any of the above questions, please explain in detail:		

OTHER PET INFORMATION

Please list any other pertinent information that we may need to know to ensure your pet remains happy, safe and comfortable while in our care:

THANK YOU FOR CHOOSING YOUR4PAWS FOR ALL OF YOUR PET CARE NEEDS!

Client Signature(s)

Date

Your4Paws Representative

Date

By signing the above, both the client(s) and Your4Paws, agree that the information provided is accurate and reviewed with all parties present. The client also agrees to notify Your4Paws in writing within 24 hours of change, of any new health/medical problems or changes including but not limited to health, diet, behavior, personality, which could impact the pet(s) being cared for by Your4Paws. Should this occur, an addendum will be attached updating all new information provided by the pet(s) owner(s) and/or veterinarian. Your4Paws looks forward to becoming a part of your family as you become a part of ours! We are avid pet lovers and feel that animals are not just pets but actual members of the family and therefore, will be treated as such. Our goal is to provide quality service which promotes the health and well being of your pet(s), in a loving and nurturing environment.