

PET PROFILE

Help your pet's temporary guardian provide the best possible care by giving us as much detail as possible. This information will also help Friends of Strays place your pet in a new home.

Pet Photo

Please also email a photo of your pet when you submit this profile.

(Your pet's photo will be placed in this area of the form for record-keeping)

| PET OWNER | | | | | |
|--|--------------------------------|---------------|------|--|--|
| Name: | | Profile Date: | | | |
| Address: | City: | State: | Zip: | | |
| Phone Number: | Email: | • | | | |
| PET GUARDIAN (IF ALREADY ESTABLISHED) | | | | | |
| Name: | | | | | |
| Address: | City: | State: | Zip: | | |
| Phone Number: | Email: | | | | |
| PET INFORMATION | | | | | |
| Name: | | | | | |
| Sex ☐ Male ☐ Female Has your pet been spayed/neutered? ☐ Yes ☐ No | | | | | |
| My pet has: □ an identification tag □ a tattoo nu | mber 🗆 a microchip Serial #: | | | | |
| PLEASE INFORM | | | | | |
| Please provide a brief health history for your pet: Does your pet have any recurring health problems? Yes No If yes, please describe: | | | | | |
| | | | | | |
| Is your pet currently on any medications? | | | | | |
| Does your pet have any special dietary requirements? 🗌 Yes 🗎 No If yes, please describe: | | | | | |

| Does your pet have any allergies to foods, medications or other substances? | | | | |
|---|----------------------------------|----------------------|-----------------|--|
| | | | | |
| Veterinary Clinic: | Veterinarian's Name: | | | |
| Address: | City: | State: | Zip: | |
| Phone Number: | Web Address: | • | | |
| BEHAVIORAL INFORMATION | | | | |
| Please describe your pet's preferences, dislikes, p | hobias or habits: | | | |
| Please list verbal and nonverbal commands your | pet responds to, as well as bo | ody language used | to communicate: | |
| Does your pet respond to routine commands such as "sit," "stay" or "down"? If so, please list them: | | | | |
| What is your pet's daily routine? (Examples: walk | ing, feeding, playing, bedtime | e, etc.) | | |
| Is your pet allowed outside? ☐ Yes ☐ No | | | | |
| Does your pet have free access to your home? 🗆 Yes 🗀 No | | | | |
| Does your pet like children? Yes No If yes, what ages? | | | | |
| Does your pet like other animals? ☐ Yes ☐ No E | xplain: | | | |
| Does your pet have any favorite toys or possession they are kept: | ons? 🗌 Yes 🗍 No Please de | escribe the items ar | nd note where | |
| Does your pet enjoy games such as fetch, tug-of- | war, etc? Yes No Plea | se describe: | | |
| SPECIAL PET CARE INSTRUCTIONS | | | | |
| | | | | |