

## 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 $\square$ Male $\square$ Female Has your pet been spayed/neutered? $\square$ Yes $\square$ No
My pet has: $\square$ an identification tag $\square$ a tattoo number $\square$ a microchip $\quad$ Serial \#:

## PLEASE INFORM

Please provide a brief health history for your pet:

Does your pet have any recurring health problems? $\square$ Yes $\square$ No If yes, please describe:

Is your pet currently on any medications? $\square$ Yes $\square$ No If yes, please describe:

Does your pet have any special dietary requirements? $\square$ Yes $\square$ No If yes, please describe:

Does your pet have any allergies to foods, medications or other substances? $\square$ Yes $\square$ No If yes, please describe:

| Veterinary Clinic: |  |  |  |  |
| :--- | :--- | :--- | :--- | :---: |
| Address: | Citerinarian's Name: | State: | Zip: |  |
| Phone Number: | Web Address: |  |  |  |
| BEHAVIORAL INFORMATION |  |  |  |  |

Please describe your pet's preferences, dislikes, phobias or habits:

Please list verbal and nonverbal commands your pet responds to, as well as body 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: walking, feeding, playing, bedtime, etc.)

Is your pet allowed outside? $\square$ Yes $\square$ No
Does your pet have free access to your home? $\square$ Yes $\square$ No
Does your pet like children? $\square$ Yes $\square$ No If yes, what ages?
Does your pet like other animals? $\square$ Yes $\square$ No Explain:
Does your pet have any favorite toys or possessions? $\square$ Yes $\square$ No Please describe the items and note where they are kept:

Does your pet enjoy games such as fetch, tug-of-war, etc? $\square$ Yes $\square$ No Please describe:

