



TAILS OF PHILLY PET PROFILE

Pet Name _____ Species _____ Breed _____

Weight _____ Gender **M F** Color/Markings _____ Birthday _____

VET/VET CLINIC: (Address & Phone)

Spayed/Neutered **Y N** Current On Shots **Y N** Rabies valid until: _____

Commands Used _____

Walks Well on Leash? **Y N** If No, Explain _____

Attitude to Strangers: **Excited Friendly Aloof Cautious Scared Defensive Aggressive**

Does Your Pet Snap at People? **Y N** Does Your Pet Fight with Other Pets? **Y N**

Is Your Pet Fearful or Aggressive Around Children? **Y N** History of Biting **Y N**

Pet's Fears _____

Favorite Activity/Toy/Word/Hiding Place _____

AM Feeding Instructions _____

PM Feeding Instructions _____

Location of:

Food/Treats _____ Leash _____

***PLEASE NOTE: Pets must have I.D., rabies tags & collar/leash on at all time while on walks.**

Plastic Bags _____ Towels _____ Litter Box _____

Waste Disposal _____ Pet Carrier _____ Cleaning Supplies _____

Preferred Kennel (if needed in emergency) _____

Physical Conditions/Problems to be alert for _____

Medications to administer during visit _____

Other Care Instructions _____