

SMALL CRITTER PET PREPAREDNESS

GENERAL INFORMATION

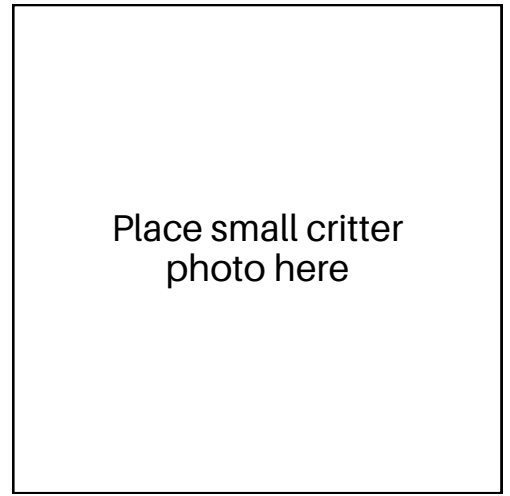
Animal name: _____

Animal age (as of _____): _____ OR DOB: _____

Where is the animal from? _____

Type: _____

Spayed/Neutered? YES NO Date Done: _____



VETERINARY INFORMATION

Location: _____

Phone: _____ Address: _____

Vet Name: _____

Where else have I gone? _____

Have I been to an emergency vet for anything? YES NO

Regular vaccines & dates: _____

Any past health problems? _____

List any medications/supplements: _____

Do I need any medication before the vet? YES NO

*Please set up a person who can consent to care at this vet.

FOOD

What brand/type do I eat? _____

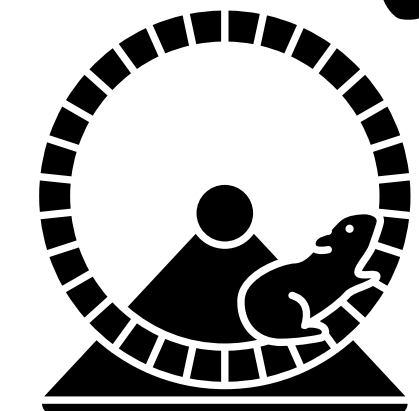
How many times a day do I eat? _____

What time do I eat my meals? _____

How are my eating habits? _____

List any allergies/dietary restrictions: _____

What type of treats do I eat? _____



SLEEP SCHEDULE

Where do I sleep? _____

When do I sleep? _____

CARING FOR ME

What size and type of enclosure is right for me? _____

Do I free roam? YES NO Am I litterbox trained? YES NO

Where am I when I am home alone? _____

	Like	Dislike	Don't Know
Men			
Women			
Children			
Dogs			
Other Cats			
Small Animals			

	Like	Dislike	Don't Know
Being bathed			
Being held			
Being picked up			

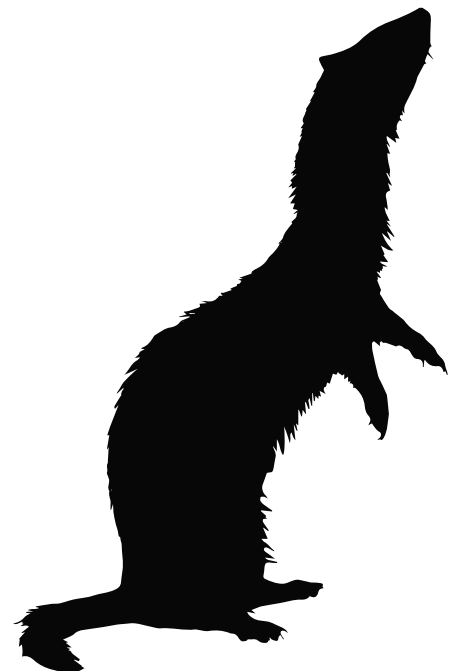
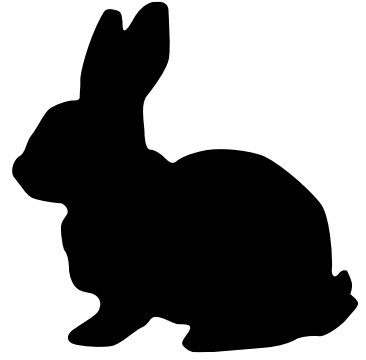
FAVORITES

Toys:

Treats:

Puzzles/Enrichment:

Other:



DISLIKES

Items I destroy:

Fears:

Do I protect: food toys people

OTHER NOTES

