

**Happy Scampers, LLC**  
**#480-518-1902**

PET INFORMATION FORM One Form for Each Pet

NAME \_\_\_\_\_

SEX: \_\_\_\_\_ SPAY/NEUTERED? YES / NO Pet Birthday \_\_\_\_\_

Description (Type, Color, Breed) \_\_\_\_\_

FEEDING TIME: \_\_\_\_am \_\_\_\_pm Feeding Location: \_\_\_\_\_

Feeding Instructions (where, what, how much) \_\_\_\_\_

\_\_\_\_\_

Medication: yes / no Instructions: \_\_\_\_\_

SPECIAL TOYS? yes / no \_\_\_\_\_ SPECIAL TREATS? yes / no \_\_\_\_\_

Walk Instructions (leash description/location) \_\_\_\_\_

\_\_\_\_\_

Pet Personality (shy, friendly, scared) \_\_\_\_\_

History of Behavior (illness, biting, seperation anxiety) \_\_\_\_\_

\_\_\_\_\_

Kid Friendly? Yes/No Friendly with other Animals? Yes/No Current on Vaccinations? Yes/No

Favorite Activities: \_\_\_\_\_

Obedience Commands/Training \_\_\_\_\_

Restrictions: \_\_\_\_\_

Vet. Information (Name, address, phone) \_\_\_\_\_

\_\_\_\_\_

In the event of illness or injury to my pet(s) I hereby authorize my pet sitter, Tracie Stiles of Happy Scampers, LLC, to bring my pet(s) in for whatever medical treatment may be required. I will assume full responsibility for all services rendered. If my preferred veterinarian is not available or my pet(s) need treatment at an after hours emergency facility I will also assume full financial responsibility upon my return.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name of all Pets: \_\_\_\_\_