



3181 Big Horn Lane
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Pet Information Sheet

Pet's name:

Pet's breed(s):

Pet's age (with birthday if known):

Pet's sex, please circle: Male Female

Is your pet spayed or neutered, please circle: YES NO

Brand of pet food fed at home:

Number of times your pet is fed each day: _____

Amount of food given at each meal: _____

Does your pet have any food allergies? YES NO If YES, please specify:

Pet's Veterinarian (please include the name of the clinic/hospital, the individual doctor, and the phone number):

Is your pet currently taking any medications? YES NO

If YES, please list the name of the medication, the amount per dosage, and the time(s) of the day the dosage should be given:

Please list any commands that your pet responds to:

What are your pet's favorite toys and activities?

Does your dog play well with other dogs? YES NO

Do you want your dog to participate in socialized playtime? YES NO

Additional comments or concerns:
