



## Pet Health Profile

*(complete for each pet staying at the Inn)*

### Client Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### Pet Information

Dog Name \_\_\_\_\_ Cat Name \_\_\_\_\_

Dog Breed \_\_\_\_\_ Cat Breed \_\_\_\_\_

Date of last:

Rabies: \_\_\_\_\_

Distemper/Parvo \_\_\_\_\_

Bordatella \_\_\_\_\_

Has your pet been Neutered/Spayed? \_\_\_\_\_ Date \_\_\_\_\_

Name & phone of Veterinary Clinic \_\_\_\_\_

*continued on next page*

**Additional Health Information**

Is your pet on any medications? *(use the back of this sheet if more room is needed)*

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Does your pet have any allergies? \_\_\_\_\_

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Any health issues that the Staff should be aware of? \_\_\_\_\_

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Are there any restrictions to activities while at the Inn? \_\_\_\_\_

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Is your pet on a special diet? \_\_\_\_\_

Can we give your pet treats? \_\_\_\_\_

Any other comments to help the Staff care for your pet? \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_