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~~~~ Pet Information ~~~~

\*\*\* PLEASE attach a separate sheet of paper to include more information if necessary.

**1. Pet's name:** \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female Spayed / Neutered  
Type of pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Shots \_\_\_\_\_  
Is pet micro-chipped? YES NO Chip #: \_\_\_\_\_  
Registry company: \_\_\_\_\_  
Feeding instructions: \_\_\_\_\_  
Exercise/play: \_\_\_\_\_ Likes brushing? \_\_\_\_\_  
Health concerns: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Favorite games/toys: \_\_\_\_\_  
Hiding places: \_\_\_\_\_  
Indoor/outdoor instructions: \_\_\_\_\_  
Any behaviors or problems to be aware of: \_\_\_\_\_  
For cats: Location of litter boxes, and cleaning supplies and disposal of poop bags? \_\_\_\_\_

\*\* It is best if you leave all of your pet supplies, leashes, treats, food, toys, etc., out in one place. Kitchen counter usually works best.

**2. Pet's name:** \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female Spayed / Neutered  
Type of pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Shots \_\_\_\_\_  
Is pet micro-chipped? YES NO Chip #: \_\_\_\_\_  
Registry company: \_\_\_\_\_  
Feeding instructions: \_\_\_\_\_  
Exercise/play: \_\_\_\_\_ Likes brushing? \_\_\_\_\_  
Health concerns: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Favorite games/toys: \_\_\_\_\_  
Hiding places: \_\_\_\_\_  
Indoor/outdoor instructions: \_\_\_\_\_  
Any behaviors or problems to be aware of: \_\_\_\_\_  
For cats: Location of litter boxes, and cleaning supplies and disposal of poop bags? \_\_\_\_\_