



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)*

Does your pet have any allergies? _____

Any health issues that the Staff should be aware of? _____

Are there any restrictions to activities while at the Inn? _____

Is your pet on a special diet? _____

Can we give your pet treats? _____

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

Signature _____ Date _____