

PEACE VALLEY PET CARE
PET INFORMATION FORM

PET NAME: _____ DOG ___ CAT ___ OTHER _____

SEX: FEMALE ___ FEMALE SPAYED ___ MALE ___ MALE NEUTERED ___

BREED _____ COLOR _____

PET'S WEIGHT _____ PET'S BIRTH DATE _____

FEEDING INSTRUCTIONS

A.M. _____

P.M. _____

BRAND OF PET FOOD: _____ LOCATION: _____

OTHER INSTRUCTIONS: _____

(Daily Clients Only if Applicable) DO NOT FEED _____ TREATS OK: ___ YES ___ NO

MEDICATIONS: _____
Name of Medication When to Administer Medication Amount

OTHER INSTRUCTIONS: _____

RABIES SHOT GOOD THROUGH _____ DHLPP SHOT GOOD THROUGH _____

PERSONALITY _____ HAS YOUR PET EVER BITTEN ANYONE ___ yes ___ no

Facebook - Can we post a picture of your pet(s) on our Peace Valley Pet Care Facebook page? We will only use his first name & town - example - Doylestown, Pa - no address: Yes: ___ No: ___ - please feel free to post your own pet pictures and any stories that you may want to share about your pets on our Facebook page.

Clients Veterinary Clinic: _____

Address: _____

City: _____ Zip Code: _____

Office Phone: _____ Emergency Phone: _____

Other Information: _____

To whom it may concern: During my absence a representative of (Peace Valley Pet Care) will be caring for my pet(s). I give (Peace Valley Pet Care) my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize (Peace Valley Pet Care) to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s). (Peace Valley Pet Care) reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. I authorize veterinary treatment for my animal(s) during my absence. I understand that (Peace Valley Pet Care) assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization

Clients Signature: _____ Date: _____