

NTPR Additional Pet Form:

Owner's Name: First _____ Last _____

Co-Owners Name: First _____ Last _____

Guest Information: (if you have multiple pets, please fill out the "Extra Siblings Form" for each.)

Please Circle: Dog Cat Other: _____

Name: _____ **Breed:** _____

Weight: _____ **Color:** _____ **Age:** _____ **Birthday:** _____

Sex: Male: _____ Neutered: Yes _____ No _____ Female: _____ Spayed: Yes _____ No _____ If not, when? _____

Behaviors/Sensitivities: (ie. toy aggressive, separation anxiety, high energy, fear of thunder , etc.)

Does your dog interact well with – Strangers: Yes _____ No _____ Other dogs: Yes _____ No _____ Explain, if no: _____

Has your pet ever bitten anyone? Yes _____ No _____ Explain if yes: _____

Where did you obtain your pet from?: _____

Feeding:

Dry: Brand _____ Quantity: _____ Times fed: AM _____ MID _____ PM _____

Canned: Brand _____ Quantity: _____ Times fed: AM _____ MID _____ PM _____

Treats: Brands _____ Quantity: _____ Times: _____

Food allergies? Yes _____ No _____ If yes, what? _____

Special instructions (if any): _____

Eating Habits (if any, ie food aggression, picky eater, special food, etc.): _____

Does your pet need to be separated from a sibling at feeding time?: Yes _____ No _____

Medical Information:

Veterinarian Clinic: _____ **Dr:** _____

Vet Clinic phone: _____ **Fax:** _____

Vet Clinic address: _____

Vaccinations: is proof provided from your vet and attached?: Yes _____ No _____

If exempt why? _____

Is a letter from your vet provided and attached? Yes _____ No _____

Flea/Tick/Heartworm prevention: Yes _____ No _____ Brand: _____

Does your pet have any significant medical history? **Please Describe:** (ie deaf, arthritis, seizures, heart issues, etc.) _____

Anything contagious/parasitic: Yes _____ No _____

If yes what?: _____

Treatment: _____

Any know allergies: (ie grass, shampoo, etc..) Yes _____ No _____

If yes what?: _____

Medications: Please list