

Critter Profile

Client Details

First Name: _____

Last Name: _____

Address: _____

Address: _____

City: _____

Postal: _____

Primary Phone: _____

Secondary Phone: _____

EMail: _____

Number of Critters: 1 | 2 | 3 | 4 | 5 +

Veterinary Information

Vet Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

Emergency Phone/ Pager: _____

Alternative Care

If the veterinarian listed above is not available for any reason Maw'n Paws is authorized to transport the pet(s) to an alternative animal care facility at their discretion.

Permission Granted: Yes | No

Alternate Emergency Contact

If for any reason the client cannot be reached please contact the following person:

First Name: _____

Last Name: _____

Address: _____

Address: _____

City: _____

Postal: _____

Primary Phone: _____

Secondary Phone: _____

EMail: _____

Relationship to client: _____

Confirmation

This information is true and correct to the best of my knowledge. I will notify Maw'n Paws in writing of any changes to the information listed herein. I understand that failure to do so may impede Maw'n Paws from properly completing our Service Agreement and/or termination of services completely.

Date: _____

Signature: _____

Critter Profile Begins on following page...

Critter Profile

Critter 1 Details

Please complete the following for each critter.

Name: _____
 Age: _____
 Weight: _____
 Species: _____
 Gender: Male | Female

Health/Safety

Medical Conditions: _____

Medical History: _____

Medications: _____

Vaccination & Date: _____

Pet Insurance: Yes | No

Feeding

Special Instructions: _____

Food Type (brand) _____

Serving Size: _____

Feeding Schedule: _____

Treats

Allowed: Yes | No

Treat Comments: _____

Storage Locations

Cage and/or Toys: _____

Bedding/Litter: _____

Food / Treats: _____

Waste Disposal: _____

Cleaning Supplies: _____

Personality and Characteristics

Is Gentle: Yes | No

Is Fearful: Yes | No

Is Aggressive: Yes | No

Bites: Yes | No

Can be Picked up: Yes | No

Tries to Escape: Yes | No

Plays with Toys: Yes | No

Energy Level: Lazy | Low | Active | Very Active | Hyper

For a second critter please see the following page...

Critter Profile

Critter 1 Details

Please complete the following for each critter.

Name: _____
 Age: _____
 Weight: _____
 Species: _____
 Gender: Male | Female

Health/Safety

Medical Conditions: _____

Medical History: _____

Medications: _____

Vaccination & Date: _____

Pet Insurance: Yes | No

Feeding

Special Instructions: _____

Food Type (brand) _____

Serving Size: _____

Feeding Schedule: _____

Treats

Allowed: Yes | No

Treat Comments: _____

Storage Locations

Cage and/or Toys: _____

Bedding/Litter: _____

Food / Treats: _____

Waste Disposal: _____

Cleaning Supplies: _____

Personality and Characteristics

Is Gentle: Yes | No

Is Fearful: Yes | No

Is Aggressive: Yes | No

Bites: Yes | No

Can be Picked up: Yes | No

Tries to Escape: Yes | No

Plays with Toys: Yes | No

Energy Level: Lazy | Low | Active | Very Active | Hyper

For additional critters please photocopy this page and enter the appropriate information on each copy.