

# Tiny Bubbles Pet Care

## The source for your pet care needs

### Family Information

Name(s) \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ (C) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ (W) \_\_\_\_\_

Email Address \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

### Emergency Contacts (Someone you trust to make decisions about your pet in your absence)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**Dog Information** (Please list each pet separately)

Name\_\_\_\_\_ Breed\_\_\_\_\_ Color\_\_\_\_\_

D.O.B.\_\_\_\_\_ Age\_\_\_\_\_ Sex M F Spayed/Neutered Y N

How long have you had this pet?\_\_\_\_\_ Adopted from where?\_\_\_\_\_

How often does this dog have accidents in the house? Where?

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Is this pet aggressive with other animals? People? If yes, please explain:

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Does this pet have any known allergies/illnesses?

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Please list all current medication and dosage:

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**Veterinary Information**

Hospital Name\_\_\_\_\_ Doctor's Name\_\_\_\_\_

Phone ( )\_\_\_\_\_

Dietary Information

Type of Food_____	Meal 1	Meal 2	Meal 3
	Time_____	Time_____	Time_____
	Amount_____	Amount_____	Amount_____

Can this pet have rawhide? Y N Treats? Y N

**Cat Information** (Please list each separately)

Name\_\_\_\_\_ Breed\_\_\_\_\_ Color\_\_\_\_\_

D.O.B.\_\_\_\_\_ Age\_\_\_\_ Sex M F Spayed/Neutered Y N

How long have you had this pet?\_\_\_\_\_ Adopted from where?\_\_\_\_\_

What are this cat's favorite hiding places?

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Does this pet have any known allergies/illnesses?

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Please list all current medications and dosages:

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Is this cat indoor only? Outdoor only? Both? Please circle.

**Dietary Information**

Type of Food_____	Meal 1	Meal 2	Meal 3
	Time_____	Time_____	Time_____
	Amount_____	Amount_____	Amount_____

Can this pet have treats? Y N

# *Tiny Bubbles Pet Care*

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I, \_\_\_\_\_ will not hold Tiny Bubbles Pet Care responsible for any medical problems or unforeseen accidents that may occur while \_\_\_\_\_ (pet's names) is/are under their supervision due to my request for less than daily care of my cat(s).

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

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(704)779-2085 Florence Farricker, Owner