

YOUR PET'S BASIC INFORMATION

*Please fill out one sheet for each pet you own.

Pet Type (circle) Dog Cat

Pets Name _____ Sex _____ Spayed/Neutered (circle)? Y N

Breed _____ Color _____ Age/DOB _____ Weight _____

Microchip Number _____ County License _____

Where is your pet kept (circle)? Inside Outside Both

What brand of food does your pet eat? _____ Amount daily? _____

Special care instructions

Behavioral Information

Providing this information is essential for CCAS to gain a comprehensive understanding of your pet's personality, preferences, and behavioral tendencies. This insight allows us to make the most thoughtful and suitable match with a future adopter, ensuring your pet is placed in a home that aligns with their unique needs and temperament when the time comes.

My pet gets along with (circle) Dogs Cats Children (ages) _____ Men Women

Is your pet allowed outside? _____ Where does your pet sleep? _____

Is your pet allowed on the furniture? _____

Is your pet Crate Trained (circle)? Y N How long are they used to being crated? _____

Is your pet housetrained (Circle)? Y N How long can your pet hold their eliminations? _____

Is your dog good on a leash (circle)? Y N

What do you use to walk your pet? (ex. Collar, harness, etc.) _____

Have you traveled with your pet (international or domestic)? _____

How well does your pet travel in a car? _____

Please note any verbal and nonverbal commands your pet responds to:

Has your pet ever shown signs of aggression? Y N If yes, please explain:

Behavioral Habits (Ex. Protective, fear of loud noises, or anything unique about your pets behavior, etc.) _____



YOUR PET'S MEDICAL INFORMATION

The information you provide will help CCAS gain a clearer understanding of your pet's individual needs during their stay at the shelter. It also allows us to share accurate and helpful details with potential adopters, increasing the likelihood of finding a well-matched, loving, and permanent home for your pet.

Medical History

When did your pet last see a vet? _____

Are they up to date on vaccines? _____ (Please provide CCAS with copies of current vaccine records)

Type of flea/heartworm preventative _____ When was this last given?

Does your pet have any allergies? If yes, explain:

Does your pet have any medical conditions? If yes, explain:

Medications/ Supplements

Please list any medications or supplements your pet gets and how much and how often they get them.

Type _____ Dose _____ x daily Type _____ Dose _____ x daily

Type _____ Dose _____ x daily Type _____ Dose _____ x daily

Veterinarian Information

In addition to providing contact information to your vet please let them know that Cape Coral Animal Shelter has permission to access your pets' medical records in the event of your passing.

Current Vet Clinic _____ Phone _____

Address _____ City _____ State _____ Zip _____

Pet Health Insurance

Do you currently own a pet insurance policy (circle)? Y N

If yes, please provide the following information:

Provider _____ Phone _____ Policy Number _____

