



PET INTAKE FORM

PET INFORMATION

Pet Name: _____

Species (e.g., dog, cat): _____

Breed: _____

Sex: ☐ Male ☐ Female Age: _____

Has your pet been neutered or spayed? ☐ Yes ☐ No

Is your pet currently on any medication? ☐ Yes ☐ No

If yes, please list: _____

Has your pet had any surgeries, accidents, or injuries? ☐ Yes ☐ No

If yes, please explain: _____

Does your pet have any known health conditions? ☐ Yes ☐ No

If yes, please specify: _____

Are you aware of any physical pain your pet may be experiencing? ☐ Yes ☐ No Not Sure

If yes, please describe: _____

ADOPTION & BACKGROUND

Was your pet adopted or rescued? ☐ Yes ☐ No

How long have you had your pet? _____

Do you have any information about your pet's background before adoption?

Do you believe your pet may have experienced past trauma, abuse, or neglect?

☐ Yes ☐ No ☐ Not Sure

If yes or unsure, please describe any signs or behaviours you've noticed:

Has your pet shown fear, anxiety, or aggression toward people, animals, or environments?

☐ Yes ☐ No

If yes or unsure, please describe any signs or behaviours you've noticed:

Has your pet received any behavioural training or therapy in the past? ☐ Yes ☐ No

If yes, please describe:

LIFESTYLE & ENVIRONMENT

Where does your pet spend most of their time? ☐ Indoors ☐ Outdoors ☐ Both

Does your pet live with other animals? ☐ Yes ☐ No

If yes, please list them: _____

How often does your pet get exercise or walks? _____

Feeding routine (type of food, frequency): _____

CONSULTATION DETAILS

What is the main reason for your appointment?

Does your pet's behaviour cause you any stress? ☐ Yes ☐ No

If yes, please list them: _____

If you could change one thing about your pet, what would it be?

Have there been any recent changes in your household or your pet's routine?

Are there any strong emotions you've been feeling lately?

Have you tried anything so far to address the current issue?

Is there anything else you'd like to add?
