



Pet Information Sheet

Luna's Pet Luau, LLC

**Please fill out one form for each animal so that we may provide the best possible care for your pet. Thank you.*

Pet's Name: _____ Age: _____ Male / Female _____ Spayed / Neutered / Neither _____
Breed: _____ Colors/Markings: _____
Microchipped: Yes No Chip #: _____ Describe Collar: _____

Pet's Health Record (must be accompanied by veterinarian records):

Pet's Vet: _____ Vet Office Phone: _____
Heartworm Preventative: _____ Date Last Given: _____
Flea/Tick Preventative: _____ Date Last Given: _____
Any known allergies, medical problems or restrictions: _____
Has your pet been ill with any communicable diseases in the past month: Yes No
If yes, please describe: _____
Vaccination Dates: Rabies _____ Distemper-Parvo _____ Bordatella _____

Pet's General Care While at Luna's Pet Luau:

Is it okay for your pet to have treats: Yes No
Feeding Time(s): _____ Feeding Instructions: _____
Is it okay for your pet to play with other animals: Yes No
If no, please explain why: _____
Is there any particular breed or type of animal your pet is timid or unsure around: Yes No
If yes, please list: _____
Has your pet ever bitten or been bitten: Yes No
If yes, please describe: _____
Does your pet...
bark/whimper a lot dig/scratch get frightened easily try to escape
If yes, please describe all circumstances: _____

What commands does your pet know: Sit Give Paw Stay Come
Bedtime Time to eat Other: _____

Is your pet potty trained: Yes No
Signal your pet gives to go potty: _____

Anything else we should know: _____

