

**Regal Pet Care**  
Somerset NJ 08873  
732-214-8967

**Pet Information**

(1) Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_

Pet's Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Any Fears or Phobias? \_\_\_\_\_

AM Diet: \_\_\_\_\_ PM Diet: \_\_\_\_\_

Medications: \_\_\_\_\_ Instructions: \_\_\_\_\_

Any History of illness? \_\_\_\_\_ Any history of biting? \_\_\_\_\_

Current on Vaccines? \_\_\_\_\_ office use only: verification initials: \_\_\_\_\_

Collar color: \_\_\_\_\_ Favorite toys/special treats: \_\_\_\_\_

Any Restrictions? \_\_\_\_\_

(2) Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_

Pet's Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Any Fears or Phobias? \_\_\_\_\_

AM Diet: \_\_\_\_\_ PM Diet: \_\_\_\_\_

Medications: \_\_\_\_\_ Instructions: \_\_\_\_\_

Any History of illness? \_\_\_\_\_ Any history of biting? \_\_\_\_\_

Current on Vaccines? \_\_\_\_\_ office use only: verification initials: \_\_\_\_\_

Collar color: \_\_\_\_\_ Favorite toys/special treats: \_\_\_\_\_

Any Restrictions? \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pet food location: \_\_\_\_\_ Leash location: \_\_\_\_\_

Cleaning supplies location: \_\_\_\_\_ Excrement disposal: \_\_\_\_\_

Are pets secured in home or yard? \_\_\_\_\_

How do pets react to your absence? \_\_\_\_\_

Are you aware of any reason we should approach your pet(s) with caution? \_\_\_\_\_