



CANINE PET PROFILER

Name of Pet(s): _____

Breed: _____ **Sex:** Male Female **Age / DOB:** _____

Weight: _____ **Color:** _____

License No.: _____ **Rabies No.:** _____

Disposition: _____
(i.e., Friendly, Aggressive, Shy, Hyper, Calm, Protective, Nervous, Independent)

Favorite Toy: _____

Brushed: Yes No

Veterinarian Name: _____

Veterinarian Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Veterinarian Telephone: _____

Feeding Instructions: _____

Routine: _____

Other: _____

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Canine Form #2