

Pet Resume

Meet _____



PHOTO

NAME

BREED / TYPE

AGE AND SEX

DESEXED (YES / NO)

MICROCHIP AND COUNCIL REGISTRATION

VACCINATIONS UP TO DATE (DATE)

FLEA, TICK AND WORM TREATMENT

VET CLINIC AND PHONE

TEMPERAMENT

TRAINING AND CERTIFICATES

DAILY ROUTINE AND TIME ALONE

WHERE THEY'LL LIVE AND SLEEP IN THE HOME

PREVIOUS LANDLORD OR AGENT REFERENCE

NEIGHBOUR OR VET REFERENCE