



Patient Preferences

Patient Name: _____ Last Name: _____

Thank you for completing this form. Your answers will help us make your pet's experience here as pleasant as possible. Please be specific in your answers.

Favorite Foods/Treats: _____

Foods they dislike or are allergic to: _____

Music they are used to hearing or seem to like: _____

Fears/phobias (i.e. loud noises, thunder, beeping, vacuum, men/women): _____

What is your pet's preferred place to urinate/defecate (i.e. on grass, on a pee pad, on gravel)?

Cats: What litterbox substrate do you use (i.e. clay litter, clumping litter, shredded paper, etc.)?

Where is your pet while you are not home (i.e. in a crate, free roaming, outside)?

Where does your pet prefer to relax (i.e. on the couch, in crate, on floor, window sill)?

Does your pet have any chronic health issues or areas that they do not like touched (i.e. difficulty with stairs, doesn't like feet/ears touched, etc.)?:

Is there anything else about your pet that you think we should know to make them most comfortable?
