



Cannon Veterinary Services

31310 Woodhaven Trail Cannon Falls MN 55009 651-258-4050



Pet Selection Form

Behavior issues are the number one reason for pet abandonment. CVS would like to make sure that the pet you choose is ideal for your lifestyle and that it will become a lifelong companion. We can sit down with you and help you select the appropriate size, age and breed of dog or cat so that you can develop a lasting relationship with your pet. If you would like to schedule a pet selection consultation, please complete this questionnaire and return it to the clinic prior to your appointment.

Client Name: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

How many adults live in your home? _____ Number of children _____ Ages _____

Adult occupations are: _____

Who will be the primary caretaker of the pet? _____

Husband _____ Wife _____ Child _____ Other _____

Why would you like a pet?

Family Pet _____ Children's Pet _____ Adults Pet _____

Obedience Trials _____ Service Dog _____ Other _____

What type of pet do you want?

Dog _____ Cat _____ Horse _____

Have you ever owned a pet? If so, please indicate:

What animals do you currently have in your home?

Does anyone living in the house have any medical conditions or phobias related to pets? (Allergies, fear of dogs, cats or horses?) Yes ___ No ___ If so, please indicate: _____

Do you frequently travel? Yes ___ No ___

Would you take your pet along while traveling? Yes ___ No ___

Would you need to find additional arrangements for pet care when traveling?

Yes ___ No ___

How many hours per day would the pet be alone?

0 hrs _____ 5-10 hrs _____ 10 + hrs _____

How much do you expect to spend on your pet for health care per month? \$ _____

How much do you expect to spend on feeding your pet each month? \$ _____

How much time can you devote to exercising your pet?

< 1/week ___ Several/week ___ Once/day ___ Twice/day ___ 3x/day ___ >3x/day ___

How much time do you want to spend grooming your pet?

<1/week ___ Several/week ___ Once/day ___ Never ___ Will pay for grooming _____

How much time are you able/willing to take a pet to training/socialization classes?

Thank you for your time! We look forward to helping you find the perfect pet.

Please answer the above questions and return this form prior to your 1st appointment.
Email to Linda@cannonvet.com // Fax to 651-258-4051 // or Mail to above address.
Please answer the following questions carefully. Feel free to add any other important information.