

## PET PROJECT WORKSHEET

Member Name \_\_\_\_\_ Age \_\_\_\_\_ Years in Project \_\_\_\_\_

Pet's Name \_\_\_\_\_ Attach a photo of you with your pet here.

Sex \_\_\_\_\_ Breed \_\_\_\_\_

Purebred \_\_\_\_\_ Crossbred \_\_\_\_\_

Registered in breed association? \_\_\_\_\_

Pet's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is this your pet or someone else's \_\_\_\_\_

Can your pet do any tricks? If so, what? \_\_\_\_\_

\_\_\_\_\_

Have you taught your pet commands? If so list.

\_\_\_\_\_

Has your pet had any formal training? \_\_\_\_\_

If so, what? \_\_\_\_\_

What do you feed your pet? Does it have a special diet? \_\_\_\_\_

\_\_\_\_\_

How much does your pet eat in a week? \_\_\_\_\_

What is the cost per week? \_\_\_\_\_

Do you feed your pet any other vitamins, minerals, or salt? \_\_\_\_\_

How much water does your pet drink each day? \_\_\_\_\_

Where does your pet live? \_\_\_\_\_

Do you need any special equipment for your pet? Please list \_\_\_\_\_

\_\_\_\_\_

What is the gestation period for your pet? \_\_\_\_\_ Have you raised offspring? \_\_\_\_\_

What is the life expectancy of your pet? \_\_\_\_\_

Does your pet have any habits? Good and bad? \_\_\_\_\_

\_\_\_\_\_

Has your pet received any vaccinations? \_\_\_\_\_

If so, what were those vaccinations? \_\_\_\_\_

What kind of health care do you give our pet annually? \_\_\_\_\_

How many hours a week do you spend with your pet? \_\_\_\_\_

How often do you groom your pet? What do you do? \_\_\_\_\_

\_\_\_\_\_

How many hours a week do you spend exercising your pet? \_\_\_\_\_

What kind of exercise are you doing with your pet? \_\_\_\_\_

\_\_\_\_\_

Do you care for your pet daily? \_\_\_\_\_

If your pet is a dog or cat please bring copy of rabies certificate to Pet Show.