

Brooklyn Park Pet Hospital  
Pre-Purchase Pet Questionnaire

Date: \_\_\_\_\_

*The goal of a pre-purchase counseling session is to help match an owner's pet preferences with their lifestyle and expectations.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

What type of pet are you interested in? (Dog/Cat/Small Mammal) \_\_\_\_\_

Do you have a preference on the age of the pet? (Puppy/Kitten/ Young Adult/Mature Adult) \_\_\_\_\_

Do you want a pet that is non-shedding? \_\_\_\_\_

Expectations on grooming needs? Rare/Moderate/Demanding \_\_\_\_\_

Size of pet desired? (Small/Medium/Large) \_\_\_\_\_

Who would be responsible for the pet? \_\_\_\_\_

Amount of exercise offered? (Daily walks/Running with pet/Yard only/Inside Play/Other) \_\_\_\_\_

Energy level wanted? (Low/Medium/High) \_\_\_\_\_

Time spent at home? Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

List any activities you want to do with pet? (Hunt/Family pet/Show/Agility/Service dog/Skijoring/Other)

\_\_\_\_\_

Children in the home? \_\_\_\_\_ Ages? \_\_\_\_\_

List current pets at home: Species/Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List previous pet? Species

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_