



Pet Information Disclosure

Please complete one Pet Information Disclosure form per pet or litter.

Owner: _____

Pet Name: _____

Length of Time Owned:

Pet Type: Dog / Cat / Ferret / Bird

Breed:

Sex: M / F Declawed: Y / N Neutered: Y / N

Physical Description (if similar to another):

Birth date: _____ Or Age: _____

Weight: _____ Or Size: _____

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after _____ minutes

<input type="checkbox"/> Dry Brand: _____ Measure with: _____ Amount: _____ Where to feed: _____		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure: _____
<input type="checkbox"/> Wet Brand: _____ Measure with: _____ Amount: _____ Where to feed: _____		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure: _____
<input type="checkbox"/> Medication(s): Amt: _____ Location: _____ Hide In Treat: _____		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure: _____
<input type="checkbox"/> Medication(s): Amt: _____ Location: _____ Hide In Treat: _____		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure: _____
<input type="checkbox"/> Water	<i>Water will be cleaned and filled frequently</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: _____ Water Location: _____
<input type="checkbox"/> Treats Name: _____ Amt: _____ Location: _____		Notes: _____	

Pet's Living Area:

<input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> ONLY allowed outdoors on leash <input type="checkbox"/> Turn out, invisible fenced yard with collar <input type="checkbox"/> Turn out, secure fence: _____ <input type="checkbox"/> Turn out, no fence, but doesn't leave yard <input type="checkbox"/> NOT allowed indoors	<input type="checkbox"/> Allowed on furniture, counters, beds <input type="checkbox"/> Restrict pet area/crate when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times Restricted Area/Crate Location: _____ Other off-limit areas: _____
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Owner:

Pet :

Emergency Care:

**Placing Credit Card on file at vets office is recommended*

Vet Name:

Pet Allergies:

Clinic Name:

Vaccinations up to date on (month/yr):

Phone:

Heartworm test: Negative / Positive

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

Temperament/Personality:

Pet Doesn't Like:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days | <input type="checkbox"/> Sharing Food Dishes |
| <input type="checkbox"/> Toenail Clip | <input type="checkbox"/> Rain / Cold | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Massage | <input type="checkbox"/> New Animals | <input type="checkbox"/> Veterinarians |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | <input type="checkbox"/> Car Rides |

Pet reacts to the above by:

Has Pet Ever:

Describe (even if mild, or under extreme/unusual situations)

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Where does he/she like to escape to?
How can he/she be retrieved?

Commands: (Please circle commands we know, and underline commands we are working on):

Sit	No	Outside	Make Poo	Go Potty	Bad _____	Bath	In the House
Stay	Down	Walk	Food	Who's Here	Good _____	Move	Ride
Come	Lay	Don't Pull	Treat	Back	Drop [it]	Come-on	_____
Heel	Out	Walk Nice	Cookie	Leave It	Don't Touch	Off	_____

Allowed to go for car rides with pet sitter? Y / N May play with sitter's personal pet(s) for socialization? Y / N

Favorite Games, Toys, and Activities:

Comments:

Signature: _____ Date: _____