

## 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 / Horse /

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"/> <b>Dry</b>	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"/> <b>Wet</b>	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"/> <b>Medication(s):</b>	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"/> <b>Medication(s):</b>	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"/> <b>Water</b>	<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"/> <b>Treats</b>	Name: Amt: Location:	<b>Notes:</b>	

<p><b>Pet's Living Area:</b></p> <p> <input type="checkbox"/> NOT allowed outdoors at all  <input type="checkbox"/> ONLY allowed outdoors on leash  <input type="checkbox"/> Turn out, invisible fenced yard <b>with collar</b>  <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                 </p>	<p> <input type="checkbox"/> Allowed on furniture, counters, beds  <input type="checkbox"/> NOT Allowed on furniture, counter, beds  <input type="checkbox"/> Restrict pet area/crate only when pet is alone  <input type="checkbox"/> Restrict pet area/crate at all times                 </p> <p>Restricted Area/Crate Location: _____</p> <p>_____</p> <p>Other off-limit areas: _____</p> <p>_____</p>
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Owner:

Pet Name:

**Emergency Care:** *\*Placing Credit Card on file at veterinarian's office is recommended*

Veterinarian's Name:  Pet' Allergies:

Clinic Name:  Vaccinations up to date (yes/no):

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 / Snow / Cold    | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Massage      | <input type="checkbox"/> New Animals           | <input type="checkbox"/> All Humans                                       |
| <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"/> <input type="text"/>                             |

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,

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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	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	<input type="text"/>
Heal	Out	Walk Nice	Cookie	Naughty	Don't Touch	Off	<input type="text"/>

Allowed to go for rides in sitter vehicle? Y / N

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

Date: