

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 Spayed/Neutered Y/N
License #		Microchip/Tattoo/Name Tag	
Physical Description (if similar to others)		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"/> Medications(s)	Amount: 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)	Amount: 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: Amount: Location:		Notes	

Owner

Pet Name

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 only when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times <input type="checkbox"/> Restricted Area/Crate Location: <input type="checkbox"/> Other off-limit areas:
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Emergency Care

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

Veterinarian Name	<input type="text"/>
Clinic Name	<input type="text"/>
Phone	<input type="text"/>

Pet Allergies	<input type="text"/>
Latest Vaccinations	<input type="text"/>
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"/> _____ |

Pet reacts to the above by:

Owner

Pet Name

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	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	Naughty	Don't Touch	Off	_____

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

May play with sitter's personal pet(s) for socialization? Y / N

Favorite Games, Toys, and Activities

Comments

Signature: _____ Date: _____