

Pet Information



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

License #: _____ Microchip/Tattoo/Dog Tag #: _____

Physical Description (if similar to another): _____

Birth date (approx): _____

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after ____ Min

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

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 / 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:

Has Pet Ever: Describe (even if mild, or under extreme/unusual situations)

- | | |
|--|--|
| <input type="checkbox"/> Attacked someone/bit someone | <input type="checkbox"/> Attacked another animal |
| <input type="checkbox"/> Injured self /escaped out of fear | <input type="checkbox"/> Injured self out of boredom |
| <input type="checkbox"/> 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	Food	Good	Bad	Potty	Outside	Make Poo
Stay	Off	Walk	Bath	Move	Ride	Who's Here	In the House
Come	Lay	Down	Treat	Back	Drop [it]		Come-on
Heel	Out	Walk Nice	Cookie	Naughty	Don't Touch		Don't Pull

Allowed to go for rides in sitter vehicle? Y / N Favorite Games, Toys, and Activities: _____

Comments:

Client/Owner Name: _____

Signature: _____ Date: _____