



## Pet Information

Please complete one Pet Information Disclosure form per pet.

Pet Parent: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
 Length of time with pet?: \_\_\_\_\_ Adopted? Y/N Pet Type: Dog / Cat / Bird / \_\_\_\_\_  
 Breed: \_\_\_\_\_ Sex: M/F Declawed: Y/N Neutered/Spayed  
 License #: \_\_\_\_\_ Microchip #: \_\_\_\_\_  
 Physical Description (if similar to another): Birth date: \_\_\_\_\_ Or Age: \_\_\_\_\_  
 \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Or Size: \_\_\_\_\_

### Feeding Instructions:

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

Dry	Brand Name: Measure with: Amount: Where to feed:	Morning Afternoon Dusk Night	Procedure:
Wet	Brand Name: Measure with: Amount: Where to feed:	Morning Afternoon Dusk Night	Procedure:
Medication(s):	Amt: Location: Hide In Treat:	Morning Afternoon Dusk Night	Procedure:
Medication(s):	Amt: Location: Hide In Treat:	Morning Afternoon Dusk Night	Procedure:
Water	<i>Water will be cleaned and filled at each visit.</i>	Tap Bottled Filtered	Dish Location:  Water Location:
Treats	Name: Amt:	Notes:	

Pet's Living Area:

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

Emergency Care:

*\*Placing Credit Card on file at vet's office is recommended*

Vet Name: \_\_\_\_\_

Pet Allergies: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Vaccinations up to date on (month/yr): \_\_\_\_\_

Phone: \_\_\_\_\_

Heartworm test: Negative / Positive

*\*Please provide proof of current rabies vaccination*

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

Temperament/Personality: \_\_\_\_\_

Pet Doesn't Like:

- |              |                       |  |
|--------------|-----------------------|--|
| Baths        | Hot Days              | Sharing Food Dishes                      |
| Toenail Clip | Rain / Snow / Cold    | Loud Noise / Vacuum / Garbage Disposal / |
| Thunder      | Children              | Cats                                     |
| Brushing     | New Animals           | All Humans                               |
| Touch Ears   | Other family pets     | Strangers                                |
| Sprays       | People near food dish | _____                                    |

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? \_\_\_\_\_

How is your dog's behavior while traveling in a car? \_\_\_\_\_

May your dog travel in my car? \_\_\_\_\_

Favorite Games, Toys, and Activities: \_\_\_\_\_

Common commands used: \_\_\_\_\_

Comments: \_\_\_\_\_

Client/Pet Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To be completed by pet sitter; proof of rabies vaccine attached shown expiration date: \_\_\_\_\_