



## 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 / Other

Breed: \_\_\_\_\_

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

Physical Description (if similar to another):

Weight or Size: \_\_\_\_\_

Birth date or Age:

### Feeding Instructions:

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

<input type="checkbox"/> <b>Dry</b>	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <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"/> Evening <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"/> Evening <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"/> Evening <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>	

Comments:

Pet Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

**Emergency Care:**

*\*Placing a 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 / |
| <input type="checkbox"/> 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 |   |

If checked please describe below:

\_\_\_\_\_

Has Pet Ever:

- ☐ Attacked someone/bit someone
- ☐ Attacked another animal
- ☐ Injured self /escaped out of fear
- ☐ Injured self out of boredom
- ☐ Escaped from home, if so where does he/she like to escape to?

How can he/she be retrieved? \_\_\_\_\_

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

Commands: (List any commands your pet knows):



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:

Client/Owner Name: \_\_\_\_\_

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