



Pet Information Disclosure

Please complete one pet information disclosure form per pet, aquarium, or litter

Owner: _____

Pet's Name: _____

Length of time owned: _____

Pet Type: Dog / Cat / Horse /Other _____

Breed: _____

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

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 ____ Min

<input type="checkbox"/> Dry 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"/> Wet 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"/> Medication(s): 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"/> Medication(s): 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"/> 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 Name: _____ Owner: _____

Veterinary and Medical:

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

Emergency Care (*placing a credit card on file at your veterinary office is recommended*):

Vet Name: _____ Pet Allergies: _____

Clinic Name: _____ Vaccinations up to date on (month/yr): _____

Phone: _____ Heartworm test: Negative / Positive

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"/> Other: _____ |

If checked, please describe reaction: _____

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 If so, where does he/she like to escape to? How can he/she be retrieved?

Commands: (list 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:

Signature: _____ **Date:** _____