

## Pet Information Disclosure

Please complete one Pet Information Disclosure form per pet or litter.

**Owner:**

Type/Breed:

License #:

Physical Description (if similar to another):

**Pet Name:**

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

Microchip/Tattoo/Dog Tag #:

Birth date:                      Or Age:

**Feeding Instructions:**

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

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

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

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)

**Pet Does NOT like:**

Hot Days/Rain/storms/cold days    Sharing Food Dishes People near food dishes  
Loud Noise / Vacuum / Garbage Disposal / Thunder  
Bath/Nail trim?touch ears    New Animals    All Humans  
sprays    Other family pets    Strangers    Etc.

**Pet reacts to the above by:**

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

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Attacked someone/bit someone ? Another Animal

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Injured self /escaped out of fear/ out of boredom

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Escaped from home,

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Where does he/she like to escape to?

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How can he/she be retrieved?

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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

Favorite Games, Toys, and Activities:

Comments:

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Client/Owner Name:

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