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

Owner:  
Pet Name:  

Length of Time Owned:  
Breed:  
Sex:  M/F  
Declawed:  Y/N  Neutered:  Y/N
License #:  
Microchip/Tattoo/Dog Tag #:  
Physical Description (if similar to another):  

Weight:  
Or Size:

Feeding Instructions:

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

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

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
☐ Turn out, invisible fenced yard with collar  ☐ Restrict pet area/crate at all times
☐ Turn out, secure fence:  
☐ Turn out, no fence, but doesn’t leave yard  
☐ NOT allowed indoors

Restricted Area/Crate Location:  
Other off-limit areas:

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:
- [ ] Baths
- [ ] Toenail Clip
- [ ] Massage
- [ ] Touch Ears
- [ ] Sprays
- [ ] Hot Days
- [ ] Rain / Snow / Cold
- [ ] New Animals
- [ ] Other family pets
- [ ] Sharing Food Dishes
- [ ] People near food dish
- [ ] All Humans
- [ ] Strangers
- [ ] Loud Noise / Vacuum / Garbage Disposal / Thunder
- [ ] New Animals
- [ ] All Humans
- [ ] Strangers
- [ ] Rain / Snow / Cold
- [ ] Hot Days
- [ ] Bath

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?

### Commands: (Please circle commands we know, and underline commands we are working on):

<table>
<thead>
<tr>
<th>Sit</th>
<th>No</th>
<th>Outside</th>
<th>Make Poo</th>
<th>Potty</th>
<th>Bad [ ]</th>
<th>Bath [ ]</th>
<th>In the House [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay</td>
<td>Down</td>
<td>Walk</td>
<td>Food</td>
<td>Who’s Here</td>
<td>Good [ ]</td>
<td>Move</td>
<td>Ride</td>
</tr>
<tr>
<td>Come</td>
<td>Lay</td>
<td>Don’t Pull</td>
<td>Treat</td>
<td>Back</td>
<td>Drop [it]</td>
<td>Come-on</td>
<td>[ ]</td>
</tr>
<tr>
<td>Heel</td>
<td>Out</td>
<td>Walk Nice</td>
<td>Cookie</td>
<td>Naughty</td>
<td>Don’t Touch</td>
<td>Off</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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:

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Client/Owner Name:

Signature: ___________________________  Date: ____________