



# Your Pet Sitters – Pet Information Disclosure

PI-20041003

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

Owner: [Redacted]

Pet Name: [Redacted]

Length of Time Owned:

Pet Type: Dog / Cat / Horse / \_\_\_\_\_

Breed:

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

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 \_\_\_\_\_ minutes

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

## Pet's Living Area:

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

Owner:

Pet :

**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:

- |                                       |  |   |
|---------------------------------------|--|---|
| <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"/>  |

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):

|      |      |            |          |            |             |         |              |
|------|------|------------|----------|------------|-------------|---------|--------------|
| 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 | _____        |
| Heal | Out  | Walk Nice  | Cookie   | Naughty    | Don't Touch | Off     | _____        |

Allowed to go for rides in pet sitter vehicle? Y/N      May play with sitter's personal pet(s) for socialization Y/N ?

Favorite Games, Toys, and Activities:

Comments:

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