



A Pet's Best Friend, LLC – Pet Information Disclosure

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

Owner:

Length of Time Owned:

Breed:

License #:

Physical Description (if similar to another):

Pet Name:

Pet Type: Dog / Cat / Other / _____

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

Microchip/Tattoo/Dog Tag #:

Birth date: _____ Or Age:

Weight: _____ Or Size:

Feeding Instructions:

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

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

Pet's Living Area:

NOT allowed outdoors at all ONLY allowed outdoors on leash Turn out, invisible fenced yard with collar Turn out, secure fence: _____ Turn out, no fence, but doesn't leave yard NOT allowed indoors	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-limit areas:
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Owner:	Pet:
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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 | Hot Days | Sharing Food Dishes |
| Toenail Clip | Rain / Snow / Cold | Loud Noise / Vacuum / Garbage Disposal / Thunder |
| Massage | New Animals | All Humans |
| Touch Ears | Other family pets | Strangers |
| Sprays | People near food dish | |

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

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: _____