



## Pet Information Disclosure

Please complete one Pet Information Disclosure form per pet.

**Owner:**

**Pet Name:**

Length of Time Owned:

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

Breed:

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

Physical Description:

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

|                                                |                                                      |                                                                                                                                           |                                       |
|------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> <b>Dry</b>            | 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>            | 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> | 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> | 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 be cleaned and filled frequently</i>   | <input type="checkbox"/> Tap<br><input type="checkbox"/> Bottled<br><input type="checkbox"/> Filtered                                     | Dish Location:<br><br>Water Location: |
| <input type="checkbox"/> <b>Treats</b>         | 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><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 only 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: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Emergency Care:** \*Placing Credit Card on file at vets office is requested

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

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

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

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