



Pet Information

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

Owner: _____

Pet's Name: _____

Length of Time Owned: _____

Pet Type: Dog / Cat / Bird / _____

Breed: _____

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

License #: _____

Microchip/Tattoo/Dog Tag #: _____

Physical Description (if similar to another):

Birth date: _____ Or Age: _____

Weight: _____ lbs. Or Size: _____

Feeding Instructions:

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

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

Pet's Living Area:

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

- | | | |
|---------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|
| <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? _____

How is your dog's behavior while traveling in a car _____

May your dog travel in my car? _____

Favorite Games, Toys, and Activities: _____

Common commands used: _____

Comments: _____

Client/Owner Name: _____

Signature: _____ Date: ____/____/20____