



Our Dog Space – Pet Information Disclosure

PI

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

Owner:

Pet Name:

Length of Time Owned:

Pet Type: Dog / Cat / Horse /

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:

Or Size:

Feeding Instructions:

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

Dry /Wet

Brand:

Measure with:

Amount:

When to feed:

Morning

Afternoon

Dusk

Night

Water will be cleaned and filled frequently

Tap

Bottled

Filtered

Allowed on furniture, counters, beds Y/N

Restrict pet area/crate only when pet is alone (please explain)

Restrict pet area/crate at all time / Restricted Area/Crate Location:

Other off-limit areas:

MEDICAL HIST/ VET INFO/ EMERGENCY CONTACT

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:

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 | (BAhh sound) |

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: _____