



Just Around the Corner – Pet Information Disclosure

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

Owner:
Pet Name:
 Length of Time Owned: _____ Pet Type: Dog / Cat
 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

<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: _____ Location: _____	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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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	_____
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: _____