



Pet Information Disclosure

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

ID NUMBER _____

Owner: _____

Pet Name: _____

Length of Time Owned:

Pet Type: _____ (dog, fish, 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: _____ 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:	

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	_____

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

Signature: _____ Date: _____