



*Please complete one Pet Information Disclosure form per pet*

**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"/> <b>Dry</b>	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"/> <b>Wet</b>	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"/> <b>Medication(s):</b>	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"/> <b>Medication(s):</b>	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"/> <b>Water</b>	<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"/> <b>Treats</b>	Name: Amt: Location:	<b>Notes:</b>	

**Pet's Living Area:**

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



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Pet: \_\_\_\_\_

**Emergency Care:** *\*Placing Credit Card on file at vet's 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:

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Describe (even if mild, or under extreme/unusual situations)

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: \_\_\_\_\_