



Please complete one Pet Information Disclosure form per pet..

Owner: _____ **Pet Name:** _____
 Length of Time Owned: _____ Pet Type: Dog / Cat / Rabbit/ _____
 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: 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	Type: Amt: Location:	Notes:	

Pet's Living Area:

<p>OUTDOORS</p> <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"/> NOT allowed indoors Other: _____ *All About You Pet Care does not allow pet(s)	<p>INSIDE</p> <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: _____ "off leash" in an unsecure area.
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PCP _____

Owner: Pet:

Emergency Care

Veterinary Hospital-Name, address & phone

Do you see a specific doctor? Yes / No **Who?**

Are your pet's Vaccinations up to date? Yes / No **What date are they due?**

(We are unable to care for your pet if the vaccinations are not up to date. For our safety we will be double checking.)

Is your pet on a Flea preventative or Heartgard? Yes / No

Pet Medical History (ongoing or reoccurring known illnesses/injuries, allergies, treatments & medications)

In the event of an unforeseen death: If we are unable to reach you, how would you like us to proceed?

Temperament/Personality:

My Pet Doesn't Like:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days | <input type="checkbox"/> Sharing Food Dishes |
| <input type="checkbox"/> Feet Touched | <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/Strangers |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Children – age _____ |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | <input type="checkbox"/> _____ |

Pet reacts to the above by: _____

Has Pet Ever:

- Attacked /bit /snapped at 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 My Pet Knows: (example: sit, stay, off, down, treat, come, easy, walk)

Favorite Games, Toys, and Activities:

May we Photograph your pets for future use on our website? (your privacy will be protected) Y / N

Would you like a CD of the photos taken? Y / N

Is your pet allowed to go for rides in the sitter's vehicle? Y / N / emergency only

By your signature you are stating that you have truthfully disclosed any and all information about your pet.

Signature: _____ Date: _____ PCP _____