No Stress Pet Sitting – Pet Information Disclosure

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

Owner: **Pet Name:**

Pet Type: Dog / Cat / _____

Breed: Sex: M/F Declawed: Y/N Spayed/Neutered: Y/ N

Rabies Tag #: Microchip/Tattoo/Dog Tag #:

Physical Description (if similar to another pet): Birth date: Or Age:

Weight:

Feeding Instructions:

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

☐ **Dry** Brand: Measure with: Amount: Where to feed:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Wet** Brand: Measure with: Amount: Where to feed:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Medication(s)**: Amt: Location: Hide In Treat:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Medication(s)**: Amt: Location: Hide In Treat:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Water**	*Water will be cleaned and filled frequently*	☐ Tap ☐ Bottled ☐ Filtered	Dish Location: Water Location:
☐ **Treats** Name: Amt: Location:		**Notes:**	

Pet's Living Area:

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

Owner: 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:

☐ 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:

☐ 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?

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

Special Commands: _____

_____

_____

Favorite Games, Toys, and Activities: _____

Comments: _____

Client/Owner Name: _____

Signature: _____ Date: _____