



Please complete one Pet Information Disclosure packet **per pet.**

**Pet Name & Owners' Last Name:**

Length of Time Owned:

Pet Type: Dog / Cat

Breed:

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

Physical Description:

Age: Weight

License/microchip/tattoo # (if available)

**Feeding Instructions:**

Feed apart from other pets/supervise  Dispose of uneaten food  Remove food after \_\_\_\_ Min

<input type="checkbox"/> <b>Dry</b>	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"/> <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>	Type: Amt: Location:	When are treats given? <b>Any food allergies? YES (to what) <span style="float: right;">NO</span></b>	

**Pet's Living Area:**

<p><b>OUTDOORS</b></p> <p><input type="checkbox"/> NOT allowed outdoors at all</p> <p><input type="checkbox"/> ONLY allowed outdoors on leash</p> <p><input type="checkbox"/> Turn out, invisible fenced yard with collar</p> <p><input type="checkbox"/> Turn out, secure fence</p> <p><input type="checkbox"/> NOT allowed indoors</p> <p>Other:</p> <p style="text-align: center;">*All About You Pet Care does not allow pet(s)</p>	<p><b>INSIDE</b></p> <p><input type="checkbox"/> Allowed on furniture, counters, beds</p> <p><input type="checkbox"/> Restrict pet area/crate only when pet is alone Location _____</p> <p><input type="checkbox"/> Restrict pet area/crate at all times Location _____</p> <p>Off-Limit areas:</p> <p>“off leash” in an unsecure area. <span style="float: right;">PCP _____</span></p>
---	--

**Emergency Care**

**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**

(If your pet is not treated for fleas and fleas are seen we will not be able to care for your pet)

**CAT CLIENTS: Has your cat been tested for Feline Leukemia or FIV? Yes / No**

**Has your cat been diagnosed with Feline Leukemia or FIV? 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, Sprays  | <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"/> Touched        | <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"/> People in Hats | <input type="checkbox"/> People near food dish | <input type="checkbox"/> _____  |

Pet reacts to the above by: \_\_\_\_\_  
\_\_\_\_\_

**Has Pet Ever: NO \_\_\_\_\_ owner initial    Describe (even if mild, or under extreme/unusual situations)**

- Attacked /bit /snapped at 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 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 \_\_\_\_\_