



America's Best Friends – Pet Information Disclosure

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

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"/> 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:	

<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"/> Turn out, no fence, but doesn't leave yard <input type="checkbox"/> NOT allowed indoors	<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:
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Owner: _____

Pet Name: _____

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:

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	

Allowed to go for rides in sitter vehicle? Y / N

Favorite Games, Toys, and Activities: _____

Comments:

Client/Owner Name: _____

Signature: _____ Date: _____