



Piece of Mind Pet Sitting – 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 / Ferret / _____

Breed:

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

Physical Description:

Birth date: Or Age:

Weight: Or Size:

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after _____ minutes

<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:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Water	<i>Water will 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:	

Pet's Living Area:

<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, beds <input type="checkbox"/> Restrict pet area/crate 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 :

Emergency Care:

Vet Name:

Pet Allergies:

Clinic Name:

Vaccinations up to date: yes no

Phone:

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:

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	Off	Potty	Bad Boy/Girl	Bath	In the House
Stay	Down	Walk	Food	Who's Here	Good Boy/Girl	Move	Be Nice
Come	Lay	Don't Pull	Treat	Back	Drop it	Come-on	_____
Heal	Out	Walk Nice	Cookie	Naughty	Don't Touch	Car Ride	_____

Favorite Games, Toys, and Activities:

Comments: