

must lov dogs

Pet Information Form

Owner:

Length of Time Owned:

Breed:

Neutered: Y/N

License #:

Physical Description (if similar to another):

Pets Names:

Pet Type: Dog / Cat / Horse / ___

Sex: M/F Declawed: Y/N

Microchip/Tattoo/Dog Tag #:

Birth date: Or Age:

Weight: Or Size:

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	<i>Water will be cleaned and filled frequently</i>	Tap Bottled Filtered	Dish Location: Water Location:
Treats Name: Amt: Location:		Notes:	

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 off___
 Heel Out Walk Nice Cookie Naughty Don't Touch

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:
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Emergency Care:

**Placing Credit Card on file at vets office is recommended*

Vet Name: _____ Pet Allergies: _____
 Clinic Name: _____ Vaccinations up to date on (month/yr): _____
 Phone: _____ Heartworm test: Negative / Positive

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?

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

May play with sitter's personal pet(s) for socialization? Y / N

Client Signature: _____ Date: _____