



## Next Best Friend – Pet Information Disclosure

# PI

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

**Owner:** \_\_\_\_\_ **Pet Name:** \_\_\_\_\_  
 Length of Time Owned: \_\_\_\_\_ Pet Type: Dog / Cat / Other / \_\_\_\_\_  
 Breed: \_\_\_\_\_ Sex: M/F De-clawed: Y/N Neutered: Y/N  
 License #: \_\_\_\_\_ Microchip/Tattoo/Dog Tag #: \_\_\_\_\_  
 Physical Description (if similar to another): \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Weight: \_\_\_\_\_ Or Size: \_\_\_\_\_

**I would like to photograph your pet and publish the picture in the Pet Gallery page of my web site. I will list the pet's first name and age. No other identifiable information will be given. Do I have your permission?**  Yes  No **Initials:** \_\_\_\_\_

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

<input type="checkbox"/> <b>Dry</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>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 dish 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>	Name: Amt: Location:	<b>Notes:</b>	

### 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 <b>with collar</b> <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 unsupervised <input type="checkbox"/> Restrict pet area/crate at all times  Restricted Area/Crate Location:  Other off-limit areas:
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**Pet Information Disclosure (Continued)**

Owner:  Pet:

**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

**Pet Medical History:** (ongoing or reoccurring known illnesses/injuries, treatments & medications)

**Temperament/Personality:** \_\_\_\_\_

**Pet Does NOT Like:**

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Baths      | <input type="checkbox"/> Hot Days              | <input type="checkbox"/> Sharing Food Dishes                              |
| <input type="checkbox"/> Picked up  | <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:**

- 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 hide?  
How can he/she be retrieved?

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

\_\_\_\_\_  
\_\_\_\_\_

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

Favorite Games, Toys, and Activities: \_\_\_\_\_

Comments: \_\_\_\_\_

Client/Owner Name: \_\_\_\_\_