

PET SITTING & DOG WALKING

PLEASE COMPLETE ONE PET INFORMATION DISCLOSURE FORM PER PET OR LITTER.

Owner: _____ Length of time owned: _____

Pet's Name: _____ License #: _____

Microchip/Tattoo/Dog Tag #: _____ Birth date / age: _____ Weight / Size: _____

Pet Type

- Dog Breed: _____ Neutered: Y / N
 Cat Declawed: Y / N Neutered: Y / N
 Horse Other; please specify _____

Physical Description (if similar to another) _____

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 Procedure
 Afternoon
 Dusk
 Night

Wet Brand: _____ Measure with: _____ Amount: _____ Where to feed: _____

Morning Procedure
 Afternoon
 Dusk
 Night

Medication(s) Amount: _____ Location: _____ Hide in treat: _____

Morning Procedure
 Afternoon
 Dusk
 Night

Medication(s) Amount: _____ Location: _____ Hide in treat: _____

Morning Procedure
 Afternoon
 Dusk
 Night

Water Tap Bottled Filtered

Water will be cleaned and filled frequently
 Dish location: _____
 Water location: _____

Treats Name: _____ Amount: _____ Location: _____

Notes _____

PET SITTING & DOG WALKING

PET'S LIVING AREA

- | | |
|--|---|
| <input type="checkbox"/> NOT allowed outdoors at all | <input type="checkbox"/> Allowed on furniture, counters, beds |
| <input type="checkbox"/> ONLY allowed outdoors on leash | <input type="checkbox"/> Restrict pet area/crate only when pet is alone |
| <input type="checkbox"/> Turn out, invisible fenced yard with collar | <input type="checkbox"/> Restrict pet area/crate at all times |
| <input type="checkbox"/> Turn out, secure fence: _____ | Restricted area/crate location: _____ |
| <input type="checkbox"/> Turn out, no fence, but doesn't leave yard | Other off-limit areas: _____ |
| <input type="checkbox"/> NOT allowed indoors | _____ |

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

Vet name: _____ Pet allergies: _____
Clinic name: _____ Vaccinations up to date on (mo/yr): _____
Phone: _____ Heartworm test: Negative / Positive

Pet Medical History - ongoing or reoccurring known illnesses/injuries, treatments & medications:

TEMPERAMENT/PERSONALITY

Pet doesn't like (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Toenail clip | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> Hot days | <input type="checkbox"/> Rain / Cold / Snow |
| <input type="checkbox"/> Other family pets | <input type="checkbox"/> People near food dish | <input type="checkbox"/> Sharing food dishes |
| <input type="checkbox"/> Ears to be touched | <input type="checkbox"/> New animals | <input type="checkbox"/> Loud noises / Thunder |
| <input type="checkbox"/> Vacuum / garbage disposal | <input type="checkbox"/> Strangers | <input type="checkbox"/> All humans |

Pet reacts to above by: _____

Has pet ever (describe even if mild, or under extreme / unusual situations)

- Attacked / bit someone _____
 Attacked another animal _____
 Injured self / escaped out of fear _____
 Injured self out of boredom _____
 Escaped from home _____

Where does s/he like to escape to? _____

How can s/he be retrieved? _____



PET INFORMATION DISCLOSURE

PET SITTING & DOG WALKING

COMMANDS

KNOW LEARNING

- Sit
- Come
- No
- Lay
- Outside
- Don't pull
- Make poo
- Treat
- Potty
- Back
- Bad
- Drop [it]
- Bath
- Come on
- In the house

KNOW LEARNING

- Stay
- Heel
- Down
- Out
- Walk
- Walk nice
- Food
- Cookie
- Who's here
- Naughty
- Good
- Don't touch
- Move
- Off
- Ride

ADDITIONAL COMMANDS NOT LISTED - Specify if your pet knows or is learning the command

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

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

Favorite games, toys and activities

ADDITIONAL COMMENTS

CLIENT / OWNER NAME (printed): _____

CLIENT SIGNATURE: _____ DATE: _____