



Paws Plus Pet Sitting Service – Pet Information Disclosure

Please complete one form per pet. This form is two pages. Please be sure to indicate Client/Owner and Pet Name on each page.

Client/Owner Name:

Breed:
Physical Description:

Pet Name:

Sex: M / F Declawed: Y/N Neutered: Y / N
 Birth date: Or Age:
 Weight: Or Size:
 Microchip/Tattoo/Dog Tag #:

Feeding Instructions:

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

<input type="checkbox"/> Dry	Brand: Amount:	Times normally fed: <input type="checkbox"/> Bowl always full <input type="checkbox"/> 6am-10am <input type="checkbox"/> 11am-1pm <input type="checkbox"/> 2pm-4pm <input type="checkbox"/> 5pm-7pm <input type="checkbox"/> 8pm-11pm	Procedure:
<input type="checkbox"/> Wet	Brand: Amount:	Times normally fed: <input type="checkbox"/> Bowl always full <input type="checkbox"/> 6am-10am <input type="checkbox"/> 11am-1pm <input type="checkbox"/> 2pm-4pm <input type="checkbox"/> 5pm-7pm <input type="checkbox"/> 8pm-11pm	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location:	Times normally given: <input type="checkbox"/> anytime <input type="checkbox"/> 6am-10am <input type="checkbox"/> 11am-1pm <input type="checkbox"/> 2pm-4pm <input type="checkbox"/> 5pm-7pm <input type="checkbox"/> 8pm-11pm	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location:	Times normally given: <input type="checkbox"/> anytime <input type="checkbox"/> 6am-10am <input type="checkbox"/> 11am-1pm <input type="checkbox"/> 2pm-4pm <input type="checkbox"/> 5pm-7pm <input type="checkbox"/> 8pm-11pm	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		Notes:	

Client/Owner Name:

Pet Name:

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"/> NOT allowed indoors	<input type="checkbox"/> Allowed on furniture, beds <input type="checkbox"/> Restrict to pet area/crate when pet is alone Restricted Area/Crate Location: Other off-limit areas:
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Emergency Care:

Vet Name:

Pet Allergies:

Clinic Name:

Does your pet have food allergies? 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"/> Strangers | <input type="checkbox"/> New Animals | <input type="checkbox"/> All Humans |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> 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 list any commands or tricks that your dog knows):

Favorite Games, Toys, and Activities:

Comments: