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 **Christine’s Pet Care**

 **(508) 443-1pet (1738)**

 **christinespetcare.com**

 **clburrelli@gmail.com**

– Pet Information Disclosure**PI**

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

**Owner:**

**Address:**

**Email Address:**

**Phone Numbers: Home- Cell- Other:**

**Pet Name:**

Length of Time Owned:  Pet Type: Dog / Cat / Horse /

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

License #: Microchip/Tattoo/Dog Tag #:

Physical Description (if similar to another): 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**  | *Water will be cleaned and filled frequently* | [ ]  Tap [ ]  Bottled [ ]  Filtered  | Dish Location:Water Location: |
| [ ]  **Treats** Name:Amt:Location: |  | **Notes:** |

**Pet’s Living Area:**

|  |  |
| --- | --- |
| [ ] 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 timesRestricted Area/Crate Location:Other off-limit areas: |

**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 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?

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:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_