[](http://www.happyathome.net/) ****

**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 times  Restricted 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: \_\_\_\_\_\_\_\_\_\_\_\_