

ADVANCED PET CARE SERVICE

Pet Information Disclosure



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

Pet Name: _____

Owner: _____

Length of Time Owned: _____

Pet type: Dog/Cat/_____

Breed: _____

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

License #: _____ Yr: _____

Microchip/Tattoo: _____

Physical Description (if similar to another):

Birth date/Age: _____

Weight: _____

Feeding Instructions:

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

<input type="checkbox"/> Dry	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Wet	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	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	Name: Amt: Location:	Notes:	

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, counters, beds <input type="checkbox"/> Restrict pet area/crate only when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times Restricted Area/Crate Location: Other off-limit areas:
---	--

Owner: Pet:

Emergency Care: **Placing Credit Card on file at vets office is recommended*

Vet Name: _____ Vaccinations up to date on (mo/yr) _____
Clinic Name: _____ Date of Rabies Vaccination: _____
Phone: _____ Monthly preventative: _____

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"/> Massage | <input type="checkbox"/> New Animals | <input type="checkbox"/> Strangers |
| <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 | <input type="checkbox"/> _____ |

Pet reacts to the above by: _____

Has your pet ever: Describe (even if mild, or under extreme/unusual situations)

- Bitten anyone
- Shown aggression
- Bitten another animal
- Injured self/escaped out of fear
- 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 Stay Come Heel No Down Walk Out
Off Potty Bed Good_____ Bad_____ Drop It Cookie Treat
Other Commands:

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name: _____

Signature: _____ Date: _____