



East Bay Dog Care & Pet Sitting Service – Pet Information Disclosure

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

Owner:

Pet Name:

Length of Time Owned:

Pet Type: Dog / Cat / Horse / Other _____

Breed:

Sex: M/F Fixed: Y/N De-clawed: Y/N

License #:

Microchip/Tattoo/Dog Tag #:

Physical Description (if similar to another):

Birth date: _____ or Pet's Age: _____

Weight: _____ or Pet's Size: _____

Feeding Instructions:

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

<input type="checkbox"/> Dry	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <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"/> Dusk <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"/> Dusk <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"/> Dusk <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: Amount: 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"/> Turn out, no fence, but doesn't leave yard <input type="checkbox"/> NOT allowed indoors	<input type="checkbox"/> Allowed on furniture, counters, beds (please circle accepted) <input type="checkbox"/> Restrict pet area/crate only when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times Restricted to what area?/Crate Location: Other areas off-limit:
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Owner:

Pet:

Emergency Care:

**Placing a credit card on file at your vet's office is recommended.*

Vet Name:

Pet Allergies:

Clinic Name:

Vaccinations up to date on (month/yr):

Phone:

Heartworm test: Negative / Positive

Pet's 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"/> All Humans |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | <input type="checkbox"/> |

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,

If so, where does he/she like to escape to?
And, how can he/she be retrieved?

Commands: (Please circle commands pet knows, and underline commands you and your pet 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	Go-On
Heel	Out	Walk Nice	Cookie	Naughty	Don't Touch	Off	Other _____

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: _____