



www.passionspetsitters.com

Info@passionpetsitters.com

Please complete one Pet Information Disclosure form per pet.

Owner:

Address:

Phone:

NEAREST NEIGHBOR/FRIEND/FAMILY PHONE#

ADDRESS

PETS NAME

GARAGE CODE

Key Given Y/N

NAME

Length of Time Owned Pet:

Pet Type: Dog / Cat / Fish / Other

Breed:

Sex: M/F

Declawed: Y/N

Neutered: Y/N

License#:

Microchip/Tattoo/Dog Tag #:

Physical Description:

Birth date:

Or Age:

Weight:

Or Size:

Pet's Living Area:

Allowed on Furniture

Allowed on Beds

Allowed on Counters

Restricted Pet Areas/Only when pet is alone

Restricted Pet Area/Crated at all times

Invisible Fenced Yard WITH Collar



VETERINARIAN CARE

Pets Name

**If you DO NOT List or have a Veterinarian
In the event of an Emergency your pet would be taken to the Nearest Emergency
Veterinarian Hospital**

**Placing a Credit Card on File at your Vets Office is recommended. Please contact your Vet and
ask them what their practice prefers for Emergency Care when you're not home.**

Veterinarian Name

Phone #

Address

Pet Allergies:

Vaccinations up to date?

Heartworm test: Negative/ Positive

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

Does your pet have any known allergies?

**If an Emergency arises I give Rebecca Dibert permission to have my pet treated for
Emergency Care with the said above named Veterinarian Hospital. In the event further
treatment is needed at an additional facility I consent to this decision knowing that it is
the best decision for my pet.**

Owner Signature

PRINT NAME

Date



PETS NAME

Temperament/Personality:

Pet Doesn't Like:

Baths

Hot Days

Sharing Food Dishes

Toenails Clip

Rain / Snow / Cold

Loud Noise / Vacuum / Garbage Disposal / Thunder

New Animals / All Humans / Ears Touched/ Other family pets/ Strangers

Describe (even if mild, or under extreme/unusual situations)

Has Pet Ever:

- ☐ 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?

Favorite Games, Toys, and Activities:

OWNER

PET



PETS NAME

Is your pet Allowed to go for rides in sitter vehicle?

May play with sitter's personal pet(s) for socialization?

May play and or be around Children?

Commands: What commands does your pet respond to?

FEEDING and MEDICATIONS

F O O D	Dry Brand: _____ Measure with: _____ Amount: _____ Where to feed: _____		_____ Moming _____ Afternoon _____ Night	Procedure: _____
	Wet Brand: _____ Measure with: _____ Amount: _____ Where to feed: _____		_____ - Moming _____ Afternoon _____ Night	
M e d s	Medication(s): _____ Amt: _____ Location: _____ Hide In Treat _____		_____ Medication _____ Times	Procedure: _____
				Procedure: _____
	Treats Name: _____ Amt: _____ Location: _____ Water	Water will be cleaned and filled frequently	_____ TAP _____ Bottled _____ Filtered	Notes: _____



PASSIONS often uses their clients pet pictures on social media outlets, websites and other marketing material. We ask that you please acknowledge that we can use your pet's photos and or videos for fun and/or marketing purposes.

Sign and Date

Additional things we should know...