

(480) 570-3117

Professional Pet Sitting  
by Denise

CERTIFIED VETERINARY TECHNICIAN

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ALL PETS—ALL SIZES

# 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 Other: \_\_\_\_\_

Breed:

Sex: M/F Declawed:  Yes  No Neutered:  Yes  No

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

<input type="checkbox"/> <b>Dry</b>	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"/> <b>Wet</b>	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"/> <b>Medication(s):</b>	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"/> <b>Medication(s):</b>	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"/> <b>Water</b>	<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"/> <b>Treats</b>	Name: Amt: Location:	<b>Notes:</b>	

**Pet's Living Area:**

<input type="checkbox"/> NOT allowed outdoors at all	<input type="checkbox"/> Allowed on furniture, counters, beds
<input type="checkbox"/> ONLY allowed outdoors on leash	<input type="checkbox"/> Restrict pet area/crate only when pet is alone
<input type="checkbox"/> OK around Pool	<input type="checkbox"/> Restrict pet area/crate at all times
<input type="checkbox"/> Turn out, invisible fenced yard <b>with collar</b>	Restricted Area/Crate Location:
<input type="checkbox"/> Turn out, secure fence: _____	Other off-limit areas:
<input type="checkbox"/> Turn out, no fence, but doesn't leave yard	
<input type="checkbox"/> NOT allowed indoors	

Owner:  Pet:

**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	
Heal	Out	Walk Nice	Cookie	Naughty	Don't Touch	Off	

Allowed to go for rides in sitter vehicle? Yes No May play with sitter's personal pet(s) for socialization? Yes No

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

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