



## A Plus Pet Nanny – Pet Information Disclosure

# PI

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

**Owner:**

Length of Time Owned:

Breed:

License #:

Physical Description (if similar to another):

**Pet Name:**

Pet Type: Dog / Cat / Horse / \_\_\_\_\_

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

Microchip/Tattoo/Dog Tag #:

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>	Amount: Location:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Medication(s):</b>	Amount: Location:	<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: Amount: Location:	<b>Notes:</b>	

**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 <b>with collar</b> <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 <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:
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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

Be Nice

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

\_\_\_\_\_

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

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