

Mt. Pleasant Pet Services – Pet Information Disclosure

PI

Owner:

Breed:

Y/ N

License #:

Physical Description (if similar to another):

Pet Name:

Pet Type: Dog / Cat / Horse / Other

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

Microchip/Tattoo/Dog Tag #:

Age:

Weight: Or Size:

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food

Dry	Brand: Measure with: Amount: Where to feed:	Morning Afternoon Dusk Night	Procedure:
Wet	Brand: Measure with: Amount: Where to feed:	Morning Afternoon Dusk Night	Procedure:
Medication(s):	Amt: Location: Hide In Treat:	Morning Afternoon Dusk Night	Procedure:
Medication(s):	Amt: Location: Hide In Treat:	Morning Afternoon Dusk Night	Procedure:
Water	<i>Water will be cleaned and filled frequently</i>	Tap Bottled Filtered	Dish Location: Water Location:
Treats	Name: Amt: Location:	Notes:	

Pet's Living Area:

<p>NOT allowed outdoors at all ONLY allowed outdoors on leash</p> <p>Turn out, invisible fenced yard with collar Turn out, secure fence: _____ Favorite hiding places</p> <p>NOT allowed indoors</p>	<p>Allowed on furniture, counters, beds</p> <p>Number of litter boxes and locations</p> <p>Other off-limit areas:</p>
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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	Other _____

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?

Miscellaneous Information:

Security system in place? If yes, alarm company's name _____ Access
code _____

Locations:

Leash – note: dogs will be walked on leash only **NO EXCEPTIONS**

Food / treats

Medications

Fuse box

Required tasks (check all that apply)

Dog sitting	Mail/newspaper Retrieval	Garbage/Recycling Out
Cat Sitting	Water Indoor Plants	Other (please specify)
Bird Sitting	Water Outdoor Plants	Fill outside bird feeders/bird baths
Fish care	Alternate Lights	
Small Animal Sitting	Alternate Curtains	Other (please specify)
Other _____	Alternate Radio/TV	

Comments:

Client/Owner Name:

Signature: _____ Date: _____