



VIPet Sitting Services Unlimited – 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

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:	

<p>NOT allowed outdoors at all ONLY allowed outdoors on leash</p> <p>Turn out, invisible fenced yard with collar Turn out, secure fence: _____ Turn out, no fence, but doesn't leave yard</p> <p>NOT allowed indoors</p>	<p>Allowed on furniture, counters, beds Restrict pet area/crate only when pet is alone Restrict pet area/crate at all times</p> <p>Restricted Area/Crate Location:</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	

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	_
Heel	Out	Walk Nice	Cookie	Naughty	Don't Touch	Off	

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: _____