#  *Angel’s Pet Sits* – *Pet Information*

### Please complete onePet Information form per pet or litter.

### Client / Owner Name: Pet Name:

Length of time owned: Pet type: Dog / Cat /

Breed: Sex? M / F Neutered? Y / N

License #: Microchip / Tattoo / Dog tag #:

Description: Birth date: Or Age:

 Weight: Size:

## Feeding Instructions

[ ]  Feed apart from other pets / supervise [ ]  Dispose of uneaten food [ ]  Remove food after \_\_\_\_ minutes

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  **Food** Brand:Measure with:Amount:Where to feed: |                           | [ ]  Morning[ ]  Afternoon[ ]  Dusk[ ]  Night | Procedure / Location:      |
| [ ]  **Medication(s)**:Amt:Location:Hide in treat: |                      | [ ]  Morning[ ]  Afternoon[ ]  Dusk[ ]  Night | Procedure / Location:      |
| [ ]  **Water**  | *Water will be cleaned and filled frequently* | [ ]  Tap [ ]  Bottled [ ]  Filtered  |  |

## Special Alerts

[ ]  Use caution around food Comments:

[ ]  Use caution around toys

[ ]  Use caution around treats

[ ]  Flight risk

## Emergency Care

#### \*Placing a credit card on file at your primary vet’s office is suggested

Clinic name: Pet allergies:

Vet name: Vaccinations up to date on (month/year):

Phone: Heartworm test: Negative / Positive

**Pet medical history** (ongoing or reoccurring known illnesses/injuries, treatments & medications):

## Temperament / Personality

### Pet Does Not Like:

 [ ]  Baths [ ]  Hot days [ ]  Sharing food dishes

 [ ]  Toenails clipped [ ]  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?

## Pet Living Area

|  |  |
| --- | --- |
| [ ]  ONLY allowed outdoors on leash / line[ ]  Turn out, invisible fenced yard with collar[ ]  Turn out, secure fence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Turn out, no fence, but doesn’t leave yardCrate/Restricted area location:       | [ ]  Allowed on furniture, counters, beds[ ]  Restrict pet area / crate only when pet is alone[ ]  Restrict pet area / crate at all times[ ]  Not allowed indoorsOther off-limit areas:       |

## VOCABULARY

What commands do you use to encouraging going potty (if any)?

What words do you use for ‘treat’?

Please circle other words we know, and underline any we are learning:

Sit Off Don’t pull Walk Go in the house Quiet

Stay Drop it Walk nice Outside Go for a ride Shush

Come Leave it Lay down Heel Go for a walk No barking

No Don’t touch Down Go outside

Other:

## Miscellaneous

Where should pet be walked?

Favorite toys and games?

Allowed to go for rides in sitter vehicle (non-emergency)? Y / N

May play with sitter’s personal pet(s) for socialization? Y / N

Are treats allowed?       Amount:       Location:

#####

Client/Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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