

# Home Alone Critter Care Pet Information Disclosure

Please complete one pet information disclosure form per pet, aquarium, or litter

**Owner:** \_\_\_\_\_ **Pet's Name:** \_\_\_\_\_

Length of time owned: \_\_\_\_\_ Pet Type: Dog / Cat / Horse /Other \_\_\_\_\_

Breed: \_\_\_\_\_ Declawed: Y/N Neutered: Y/ N Sex: M/F

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 Name: \_\_\_\_\_ Owner: \_\_\_\_\_

**Veterinary and Medical:**

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

**Emergency Care** (placing a credit card on file at your veterinary office is recommended):

Vet Name: \_\_\_\_\_ Pet Allergies: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Vaccinations up to date on (month/yr): \_\_\_\_\_

Phone: \_\_\_\_\_ Heartworm test: Negative / Positive

**Temperament/Personality:**

Pet Doesn't Like:

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Baths        | <input type="checkbox"/> Hot Days              | <input type="checkbox"/> Sharing Food Dishes                              |
| <input type="checkbox"/> Toenail Clip | <input type="checkbox"/> Rain / Snow / Cold    | <input type="checkbox"/> Loud Noise / Vacuum / Garbage Disposal / Thunder |
| <input type="checkbox"/> Massage      | <input type="checkbox"/> New Animals           | <input type="checkbox"/> All Humans                                       |
| <input type="checkbox"/> Touch Ears   | <input type="checkbox"/> Other family pets     | <input type="checkbox"/> Strangers  |
| <input type="checkbox"/> Sprays       | <input type="checkbox"/> People near food dish | <input type="checkbox"/> Other: _____                                     |

If checked, please describe reaction: \_\_\_\_\_

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

If so, where does he/she like to escape to? How can he/she be retrieved?

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**Commands:** (list commands your pet knows):

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:

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