



WE STAY...YOU PLAY

Pet Sitting Services

www.WeStayYouPlay.com

949-429-8919

Pet Information Disclosure

PET INFORMATION							
Client/Owner:				Pet's Name:			
Dog / Cat / Other _____		If dog, what breed?					
Birthdate:	Sex: M / F	Neutered: Y / N		Weight:			
Declawed (cats only) Y / N		Microchip: Y / N		Microchip #: _____			
All Vaccinations Current: Y / N		Date of Last Rabies: _____					
Physical Description:							
Allergies: Y / N If yes, briefly explain:							
EMERGENCY CARE INFORMATION							
<i>*We recommend placing a credit card on file at your veterinary office in the event of an emergency.</i>							
Veterinary Hospital:				Doctors Name:			
Address:				Phone:			
FEEDING INSTRUCTIONS							
<input type="checkbox"/> Leave Food Out	<input type="checkbox"/> Dispose of uneaten food	<input type="checkbox"/> Remove food after ___ min		<input type="checkbox"/> Feed apart from other pets			
<input type="checkbox"/> Dry Food	Brand:		<input type="checkbox"/> Wet Food		Brand:		
	How Much:				How Much:		
	Frequency:				Frequency:		
<input type="checkbox"/> Mix of Wet & Dry Food	Brand:		<input type="checkbox"/> Treats		Brand:		
	How Much:				How Much:		
	Frequency:				Frequency:		
<input type="checkbox"/> Medication	Frequency:	Amount:	Procedure:				
<input type="checkbox"/> Medication	Frequency:	Amount:	Procedure:				
HOUSE RULES (CHECK ALL THAT APPLY)							
<input type="checkbox"/> NOT allowed outdoors		<input type="checkbox"/> NOT allowed indoors		<input type="checkbox"/> Free range of backyard			
<input type="checkbox"/> Fenced area / dog run only		<input type="checkbox"/> Allowed on furniture/beds		<input type="checkbox"/> Keep in pet area/crate when alone			
<input type="checkbox"/> Keep in pet area/crate at all times		<input type="checkbox"/> Other rules: _____					
COMMANDS (CHECK ALL THAT APPLY)							
<input type="checkbox"/> Sit	<input type="checkbox"/> Stay	<input type="checkbox"/> Come	<input type="checkbox"/> Heel	<input type="checkbox"/> Don't Pull	<input type="checkbox"/> Walk	<input type="checkbox"/> Drop	<input type="checkbox"/> Bad _____
<input type="checkbox"/> No	<input type="checkbox"/> Down	<input type="checkbox"/> Lay Down	<input type="checkbox"/> Out	<input type="checkbox"/> Outside	<input type="checkbox"/> Off	<input type="checkbox"/> No	<input type="checkbox"/> Good _____
<input type="checkbox"/> In the house		<input type="checkbox"/> Release	<input type="checkbox"/> Naughty	<input type="checkbox"/> Go Potty/Poop	<input type="checkbox"/> Other _____		

Pet Information Disclosure (Cont'd)

Client/Owner:		Pet's Name:	
PET'S TEMPERAMENT (DISLIKES - CHECK ALL THAT APPLY)			
<input type="checkbox"/> Other dogs	<input type="checkbox"/> Small animals (chases them)	<input type="checkbox"/> Children	
<input type="checkbox"/> Loud noises (thunder, fireworks)	<input type="checkbox"/> Sharing a food dish	<input type="checkbox"/> Touching ears or face	
<input type="checkbox"/> Touching paws	<input type="checkbox"/> People near food dish	<input type="checkbox"/> Taking away toy or treat	
<input type="checkbox"/> Strangers	<input type="checkbox"/> Hot weather	<input type="checkbox"/> Rain	
HAS YOUR PET EVER... (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Bit or attacked a person	<input type="checkbox"/> Bit or attacked another animal	<input type="checkbox"/> Escaped from backyard	
<input type="checkbox"/> Destructive behavior when alone	<input type="checkbox"/> Hid in house out of fear	<input type="checkbox"/> Touching ears or face	
<input type="checkbox"/> Escaped from inside of house	<input type="checkbox"/> Shown signs of separation anxiety	<input type="checkbox"/> Injured self	
If you checked yes to any of the above, please briefly explain.			
ADDITIONAL INFORMATION (FAVORITE TOYS / GAMES / TREAT / ETC.)			

Client: _____ Date: _____