

Tail Waggin Good

Pet Services



Pet Information Disclosure

Please complete one pet information disclosure form per pet or aquarium.

Owner: _____ Pet's Name: _____

Type of Pet (Cat, Dog, Other) _____ Breed: _____ Age of Pet: _____ Weight: _____

Physical Description (if similar to another): _____

De-clawed: Y N Neutered: Y N Sex: Male Female

Feeding Instructions:

Feed apart from other pets/supervise Dispose of uneaten food Remove food after _____ Min

<input type="checkbox"/> Dry 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"/> Wet 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"/> Medication(s) Amount: Location: Hide in treat		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Treats Amount: Location:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Water	Water will be cleaned and filled at every visit	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: Water Location:

Pet's Name: _____ Owner: _____

Veterinary and Medical:

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments): _____

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

Vet Name: _____ Pet Allergies: _____

Clinic Name: _____ Vaccinations Up-To-Date (month/yr): _____

Phone: _____ Heartworm test: Negative / Positive

Temperament/Personality:

Pet Doesn't Like:

- Cold Days Hot Days Rain Snow Sharing Food Dishes People near food dish
- Massage Touch Ears Loud Noises New Animals Other family pets
- Strangers All Humans
- Sprays Other: _____

If checked, please describe your pet's reaction: _____

Has Pet Ever:

- Attacked/bit someone
- Attacked/bit 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?

Describe (even if mild, or under extreme/unusual situations)

Commands: (list commands your pet knows): _____

Favorite Games, Toys, and Activities: _____

Allowed to go for rides in sitter vehicle? Y N

Signature: _____ **Date:** _____