



## Angela's Pet Care – Pet Information

Please complete one Pet Information form per pet or litter.

**Client / Owner Name:**

Pet type: Dog / Cat / \_\_\_\_\_

Description / Color:

Weight:

Birth date:            Or Age:

Insured? Y / N    Policy #:

**Pet Name:**

Breed:

Gender? M / F

Spayed or Neutered? Y / N

Microchip / Tattoo / Dog tag #:

License #:

### FEEDING INSTRUCTIONS

<input type="checkbox"/> <b>Food</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 / Location (if in your home):
<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 / Location (if in your home):

### EMERGENCY CARE

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

Clinic name:

Vet name:

Phone:

Pet allergies:

Vaccinations up to date on (month/year):

Heartworm test: Negative / Positive

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

## SPECIAL ALERTS

- Use caution around food
- Use caution around toys
- Use caution around treats
- Excessive chewing/destructive
- Flight risk

Comments:

## TEMPERAMENT / PERSONALITY

Is your pet housebroken?  Yes  No  Not Applicable

### Pet Does Not Like:

- Loud noise / vacuum / garbage disposal / thunder
- Other family pets
- Sprays
- Other Dogs
- New animals
- Children
- Baths
- All humans
- Strangers
- Rain / Snow / Cold
- Hot days
- Massage
- Touch ears

Pet reacts to the above by:

### Has Pet Ever:

- Attacked someone / bit someone
- Attacked another animal
- Injured self / escaped out of fear
- Injured self out of boredom
- Escaped from home

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

Where does he / she like to escape to?

How can he / she be retrieved?

## PET LIVING AREA (IN-HOME VISITS ONLY)

- 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 yard

Crate/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 indoors

Other off-limit areas:

## VOCABULARY

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                Lie / Lay down    Heel                  Go for a walk  
No                      Don't touch          Down                Go outside          No barking

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:

## BOARDING QUESTIONS

Is your dog okay to board with other dogs?

Is your dog crate trained?

Where does your dog currently sleep?

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

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