Snuggles and Hugs
In-Home Pet 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

☐ **Dry** Brand: Measure with: Amount: Where to feed:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Wet** Brand: Measure with: Amount: Where to feed:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Medication(s)**: Amt: Location: Hide In Treat:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Medication(s)**: Amt: Location: Hide In Treat:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Water**	*Water will be cleaned and filled frequently*	☐ Tap ☐ Bottled ☐ Filtered	Dish Location: Water Location:
☐ **Treats** Name: Amt: Location:		**Notes:**	

Pet's Name: _____ Owner:_____

Veterinary and Medical:

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

Emergency Care (p*lacing 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:

☐ Baths	☐ Hot Days	☐ Sharing Food Dishes
☐ Toenail Clip	☐ 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	☐ Other:_____

If checked, please describe reaction:_____

Has Pet Ever:

☐ 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?

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

_____

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: _____

Comments:

Signature: _____ **Date:** _____