



## Serenity Pet Services – Pet Information Disclosure

Please complete one Pet Information Disclosure form per pet or litter.

**Owner:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

Length of Time Owned: \_\_\_\_\_

Pet Type: Dog / Cat / Horse / \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: M/F Declawed: Y/N Neutered: Y/N

License #: \_\_\_\_\_

Microchip/Tattoo/Dog Tag #: \_\_\_\_\_

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 Living Area:

<input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> ONLY allowed outdoors on leash  <input type="checkbox"/> Turn out, invisible fenced yard <b>with collar</b> <input type="checkbox"/> Turn out, secure fence: _____ <input type="checkbox"/> Turn out, no fence, but doesn't leave yard  <input type="checkbox"/> NOT allowed indoors	<input type="checkbox"/> Allowed on furniture, counters, beds <input type="checkbox"/> Restrict pet area/crate only when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times  Restricted Area/Crate Location: _____  Other off-limit areas: _____
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Owner:  Pet:

**Emergency Care:** *\*Placing Credit Card on file at vets office is recommended*

Vet Name: \_\_\_\_\_ Pet Allergies: \_\_\_\_\_  
Clinic Name: \_\_\_\_\_ Vaccinations up to date on (month/yr): \_\_\_\_\_  
Phone: \_\_\_\_\_ Heartworm test: Negative / Positive

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

**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"/>  |

Pet reacts to the above by:

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,

Where does he/she like to escape to?  
How can he/she be retrieved?

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Commands: (Please circle commands we know, and underline commands we are working on):

Sit	No	Outside	Make Poo	Potty	Bad _____	Bath	In the House
Stay	Down	Walk	Food	Who's Here	Good _____	Move	Ride
Come	Lay	Don't Pull	Treat	Back	Drop [it]	Come-on	_____
Heel	Out	Walk Nice	Cookie	Naughty	Don't Touch	Off	_____

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:

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Client/Owner Name:

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