

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

**Owner:**

**Pet Name:**

Pet Type:

Sex: M / F    Neutered: Y / N

Breed:

Birth date:                      Or Age:

Physical Description:

Weight:                              Or Size:

**Emergency Care:**

Vet Name:

Pet Allergies:

Clinic Name:

Vaccinations up to date: yes no

Phone:

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

**Temperament/Personality:** \_\_\_\_\_

Pet Doesn't Like:

All Humans

Hot Days

Loud Noise / Vacuum / Garbage Disposal /

Thunder

Toenail Clip

Rain / Snow / Cold

Strangers

New Animals

People near food dish

other family pets

Has Pet Ever:

Attacked someone/bit someone

Attacked another animal

Injured self /escaped out of fear

Injured self out of boredom

Escaped from home, cage

How does your pet behave while in a car?

Does your pet get carsick?

How would you like your pet transported?     backseat     crated

Commands: (Please list any commands or tricks that your pet knows):