

Angel Pet's Pet Info Sheet for _____

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

Owner: _____

Pet Name: _____

Length of Time Owned: _____

Pet Type: Dog / Cat / _____

Breed: _____

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

N

License #: _____

Microchip/Tattoo/Dog Tag #:

Physical Description (if similar to another): _____

Age:

Weight:

Or Size:

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):	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"/> Medication(s):	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"/> Water	<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"/> Treats	Name: Amt: Location:	Notes:	

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 with collar <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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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"/> Touch Paws | <input type="checkbox"/> Touch Tail |
| <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, or yard

Where does he/she like to escape to?

How can he/she be retrieved easily?

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

- | | | | | | | | |
|--------|-----------------|------------|------------|------------|-------------|--------------|---------------|
| Sit | No | Outside | Go Potty | Bad _____ | Bath | In the House | |
| Kennel | Go to your spot | Fetch | | | | | |
| 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 | Leave it Wait |
| Gentle | Shake | Speak | Other_____ | | | | |

Favorite Games, Toys, and Activities:

Comments: