

Paw Prints Pet Services

Your Neighborhood Dog Walkers
Serving the Falls Church area
703-237-2793



	<h2 style="margin: 0;">Paw Prints Pet Services – Pet Information Disclosure</h2>	PI
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Please complete one Pet Information Disclosure form per pet or litter.

Owner: 	Pet Name:
Length of Time Owned:	Pet Type: Dog / Cat / Other:
Breed:	Sex: M / F Neutered: Y / N
License #:	Microchip/Tattoo/Dog Tag #:
Physical Description (if similar to another):	Birth date: Or Age:
	Weight: Or Size: S / M / L / XL

Instructions: (if applicable)

<input type="checkbox"/> Water	<i>Water will be filled after walk</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location: Water Location:
<input type="checkbox"/> Medication(s): Amt: Location: Hide In Treat:		<input type="checkbox"/> Late AM <input type="checkbox"/> Afternoon <input type="checkbox"/> Early PM	Procedure:
<input type="checkbox"/> Treats Name: Amt: Location:		Notes:	

Pet's Living Area:

<input type="checkbox"/> ONLY allowed outdoors on leash <input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> Turn out, invisible fenced yard with collar <input type="checkbox"/> Turn out, secure fence: _____ <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 vet's office is recommended*

Vet /Clinic Name:

Pet Allergies:

Phone:

Vaccinations up to date on (month/yr):

Vet/Clinic Address:

Heartworm test: Negative / Positive

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

Temperament/Personality:

Pet Doesn't Like:

- | | | |
|----------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Hot Days | <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"/> Sharing Food Dishes | <input type="checkbox"/> People near food dish | <input type="checkbox"/> Other: |

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?

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

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

Preferred Walking equipment: collar harness Halti other: _____

May play or walk with sitter's personal dog for socialization? Y / N

Favorite Games, Toys, and Activities:

Additional Comments:

Client/Owner Printed Name: _____

Signature: _____ Date: _____