



Guardian Pet Care & Massage

Pet Information

Please complete one Pet Information form per pet, litter or fish tank.

Owner:

Pet Name:

Length of Time Owned:

Pet Type: Dog / Cat / Fish / _____

Breed:

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

Y/ N

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 _____ minutes

<input type="checkbox"/> Dry	Brand: Location: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Wet	Brand: Location: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amount: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s):	Amount: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <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: Location: Amount:	Notes:	

Pet's Living Area:

<input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> ONLY allowed outdoors on leash <input type="checkbox"/> Allow out, secure fenced area: _____ <input type="checkbox"/> Allow out, invisible fenced yard with collar <input type="checkbox"/> Allow out, no fence, but doesn't leave yard <small>(above 2 options are not allowed by our insurance carrier)</small> <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 Information – Page 2 of 2 owner: Pet:

Emergency Care: **Placing Credit Card on file at Vet's 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?

Commands: (Please circle commands pet knows, and underline commands pet is working on):

Sit	No	Out [side]	Potty	Food	Good _____	Bath	In
Stay	Down	Walk	Break	Treat	Bad _____	Come On	Ride
Come	Stop	Don't Pull	Back	Biscuit	Drop It	Move	_____
Heel	Slow	Walk Nice	Easy	Cookie	Leave It	Off	_____

Allowed to go for rides in sitter vehicle? Y / N

Favorite Games, Toys, and Activities:

Description and Location of Collar / Harness / Lead:

Client/Owner Name:

Signature: _____ Date: _____