



K-9 Retreat – Pet Information Disclosure

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Owner:	Pet:	
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Emergency Care

Vet Name:	Pet Allergies:
Clinic Name:	Vaccinations up to date on (month/yr):
Phone:	Heartworm test: Results:

Pet Medical History

Please list ongoing or reoccurring known illnesses/injuries treatments & medications:

1.	2.	3.
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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
<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: Biting *Describe (even if mild or under extreme/unusual situations)*

Has Pet Ever:

<input type="checkbox"/> Attacked someone/bit someone
<input type="checkbox"/> Attacked another animal
<input type="checkbox"/> Injured self /escaped out of fear
<input type="checkbox"/> Injured self out of boredom
<input type="checkbox"/> Escaped from home,

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	Wee Wee	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 vehicle? Y / N May play with other dogs/cat(s) for socialization? Y / N

Favorite Games, Toys, and Activities

1.	2.	3.
4.	5.	6.

Comments

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Client/Owner Name:

Signature: _____

Date: _____