



## Crate Escape Pet Care & Training – Pet Information Disclosure

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

**Owner:**

**Pet Name:**

Length of Time Owned:

Pet Type: Dog / Cat / Horse / \_\_\_\_\_

Breed:

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

License #:

Microchip/Tattoo/Dog Tag #:

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 \_\_\_\_ Min

<input type="checkbox"/> <b>Dry</b>	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"/> <b>Wet</b>	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"/> <b>Medication(s):</b>	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"/> <b>Medication(s):</b>	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"/> <b>Water</b>	<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"/> <b>Treats</b>	Name: Amt: Location:	<b>Notes:</b>	

**Pet's Living Area:**