



Pet Care Instructions

Owner 1

Owner 2

Name: _____
Street Address: _____
City, State, Zip: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____
E-mail 1: _____
E-mail 2: _____

Name: _____
Street Address: same
City, State, Zip: same
Cell Phone: _____
Home Phone: same
Work Phone: _____
E-mail 1: _____
E-mail 2: _____

Name of subdivision/complex (if applicable): _____

Alarm OFF code: _____ Keypad location: _____
Alarm ON code: _____ Gate code: _____

We'll leave a note at each visit. In addition, would you like a brief nightly update message via text message, e-mail, or voicemail? Or would you prefer we only contact you if we have questions? Please mark one:

- Only need to contact us with questions or problems
- Send nightly text message to (specify cell phone number): _____
- Send nightly e-mail to (specify e-mail address): _____
- Leave nightly voicemail message at (specify phone number): _____

When you're traveling, we'll automatically take in mail, newspapers, flyers, and other things that would make it appear you're gone. Do you have any other requests regarding garbage days, plants, lights/blinds?

How did you hear about us? _____

Vet's Name: _____ Phone: _____
Clinic's Name: _____
Address: _____

Emergency contact for pets:
Name & relationship: _____ Phone: _____

Location of leashes: _____
Location of poop bags: _____
Location of litter boxes: _____
Location of crates: _____
Location of all pet food: _____
Location of all water bowls: _____

Please print additional pages for additional pets

<i>Pet's name:</i>			
<i>Type (dog, cat, etc.):</i>			
<i>Gender:</i>			
<i>Breed:</i>			
<i>Color:</i>			
<i>Age pet turns in 2009:</i>			
<i>Birth date:</i>			
<i>Medical problems?</i>			
<i>Medication instructions (Name of medication, How much AM, Mid-day, PM? Give directly, mix in food, hide in something?)</i>			
<i>Feeding instructions (when, what, how much, where?)</i>			
<i>Treat instructions</i>			
<i>If DOG, fenced yard or walk on leash?</i>			
<i>If CAT, indoor or outdoor?</i>			