

## PET CARE FORM

Thanks for taking care of \_\_\_\_\_  
Here is information you will need.

### CONTACT INFO

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Where I'll be: \_\_\_\_\_ Phone: \_\_\_\_\_

Flight # (if applicable): \_\_\_\_\_ Date/time expected home: \_\_\_\_\_

### INSTRUCTIONS

Meals and Snacks: \_\_\_\_\_

Walk schedule: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications/frequency: \_\_\_\_\_

Hiding places: \_\_\_\_\_

Favorite toys or games: \_\_\_\_\_

Behavioral issues, existing conditions: \_\_\_\_\_

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### PET MEDICAL EMERGENCY INFORMATION

Regular veterinarian (name and address): \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency veterinary clinic (name and address: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative contact, neighbor or friend: \_\_\_\_\_ Phone: \_\_\_\_\_

We give you permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian, and we will be responsible for full payment of such care.

- Yes
- No
- CALL US FIRST

Signature(s): \_\_\_\_\_ Phone: \_\_\_\_\_