

Today's Date: _____

Pet Information

Pet's Name

(include all animals living in the same habitat on one info sheet)

Species:	Sex: Female Male	Birth Date/Adoption Date:
----------	----------------------------	---------------------------

Colors and/or markings:

Location Of Pet's Items

Habitat	
Food/Water	
Supplements/Treats	
Extra bowls	
Cleaning supplies	

Habitat Care:

Cleaning Instructions:

Additional Notes:

Today's Date: _____

Special Feeding Instructions

Type(s) of Food:	How much per serving & how should we serve:	What time(s) do they eat?
Any special feeding instructions?		
Do we pick up food when we leave or leave it for them to graze on until our next scheduled visit?		
At the next feeding time do we throw away the remaining food or do we add fresh food to it?		
Treats... when and how many can be given?		
What type of water do you give your pet; tap water or other?		
Additional Notes:		

Vet & Emergency Vet Information

Name of Practice:	
Address:	Phone #:
City:	State/Zip code:
Do you have a preferred Dr.?	
How long have you been with them?	
Name of 24 hour/emergency pet veterinary hospital:	
Address:	Phone #:
City:	State/Zip Code:
Do you have a preferred Dr.?	

Today's Date: _____

Medical Emergencies

If time is of the essence, (i.e. found unconscious, bleeding out, etc . . .) are we authorized to act first **OR** should we call you first? (please keep in mind we will always contact you if you choose authorized).

***IF** we cannot get ahold of you, what should we do?

Where is the pet's carrier located?

Did you contact your veterinarian to give us authorization? (If not please do so to prevent treatment delay in case of emergency).

Medical History

Pet's Name:

Health issues and related:

Current medication(s):

How do we administer medicine to your pet?

Other Additional Notes: