



Pet(s) Information

First

Pets name _____

Breed _____

Color _____

Gender _____ Spay/Neuter Age _____

Second

Pets name _____

Breed _____

Color _____

Gender _____ Spay/Neuter Age _____

Feeding Instructions

Brand of food _____

(circle) Dry Wet Extras _____

How much _____

How often _____

Special instructions _____

Brand of food _____

(circle) Dry Wet Extras _____

How much _____

How often _____

Special instructions _____

** If you have multiple pets, should they be fed (circle) together / separate? **

What should we do in the event your pet would run out of food while in our care?

~ Use our food (Iams) _____

~ Call you or emergency contact to deliver more _____

Medical History / Medication Instructions

Please provide detailed information on any medical condition(s) your pet has/had

Does your pet have any known allergies? (ex: chicken, insects, bees, mold, grass) Please list ...

Medication _____

Frequency _____

Special Instructions _____

* can your pet have (circle) cheese, peanut butter, hotdog to administer meds (ONLY if needed)

* many pets refuse medication(s) while in a new environment. What would you like done in an event your pet will not take his/her medication, and our staff cannot safely administer it?