



Pet Care Instructions

Pet's name: _____

Species: _____

Age: _____

Feeding schedule:

_____ cups of _____ at _____ am

_____ cups of _____ at _____ pm

Other: _____

Usual treats: _____ (no more than _____/day)

Medications: _____ every _____

Usual walk or potty break schedule: _____

Favorite games: _____

No-nos: _____

Unique habits: _____

Litter box/cage/terrarium needs cleaning every _____ days

Vet's name: _____

Address: _____

Phone number: _____

Emergency vet info: _____

Medical conditions: _____

This pet is good with: (check all that apply)

_____ other animals _____ children _____ strangers _____ car travel

We can be reached at: _____

Emergency medical care authorization:

I, _____, authorize _____

(owner)

(pet caregiver)

to seek medical care for _____ should my pet require it while

(pet's name)

in his/her care. I will be responsible for any expenses incurred.

This authorization is valid from _____ until

(departure date)

(return date) (owner's signature) (date)