

Pet Care INSTRUCTIONS

Thanks for taking care of

NAME:

Here's all the information you'll need!

Cats must be vaccinated, free of parasites and accustomed to the sand.



PET OWNER INFORMATION

Name:	
Address:	
Phone:	Cell phone:
Date/time expected home:	Pager:

INSTRUCTIONS

Meals and snacks:
Walk schedule:
Allergies:
Medications:
Hiding places:
Favorite toys or games:

ADDITIONAL INFORMATION

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PET MEDICAL EMERGENCY INFORMATION

Regular veterinarian (name and address):	Phone:
Emergency veterinary clinic (name and address):	Phone:
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:	