

PET CARE INSTRUCTIONS

WHERE TO FIND US

Where we'll be:		
Address:		
Home Phone:	Cell phone:	
Date/time expected home:		
INSTRUCTIONS PET 1:		
Pet name:		
Meals and snacks:		
Walk schedule:		
Allergies:		
Medications:		
Hiding places:		
Favorite toys or games:		
INSTRUCTIONS PET 2: Pet name: Meals and snacks: Walk schedule: Allergies: Medications:		
Hiding places:		
Favorite toys or games:		
INSTRUCTIONS PET 3:		
Pet name:		
Meals and snacks:		
Walk schedule:		
Allergies:		
Medications:		

Favorite toys or games:		
NSTRUCTIONS PET 4:		
Pet name:		
Meals and snacks:		
Walk schedule:		
Allergies:		
Medications:		
Hiding places: Favorite toys or games:		
ADDITIONAL INFORMATION		
Fish:		
Alarm:		
Garbage: Plants:		
Regular veterinarian (name and address):	Phone:	
Emergency veterinary clinic (name and address):	Phone:	
Emergency veterinary clinic (name and address): Neighbor or friend:	Phone:	
Neighbor or friend: Neighbor or friend:	Phone:	
Neighbor or friend:	Phone: Phone:	
Neighbor or friend: Neighbor or friend: Neighbor or friend:	Phone: Phone: Phone: Phone: are and anesthesia for our pet(s) as deemed	
Neighbor or friend: Neighbor or friend: Neighbor or friend: Emergency We give you permission to authorize emergency medical connecessary by a veterinarian, and we will be responsible for f	Phone: Phone: Phone: Phone: are and anesthesia for our pet(s) as deemed	
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Neighbor or friend: Neighbor or friend: Neighbor or friend: Emergency We give you permission to authorize emergency medical conecessary by a veterinarian, and we will be responsible for for YES NO CALL US FIRST Signature: HOME EMERGENCY INFORMATION Here's information you'll need in case you notice a break-in when you arrive.	Phone: Phone: Phone: Phone: Phone: are and anesthesia for our pet(s) as deemed full payment of such care.	
Neighbor or friend: Neighbor or friend: Neighbor or friend: Emergency We give you permission to authorize emergency medical conecessary by a veterinarian, and we will be responsible for fYES NO CALL US FIRST Signature: HOME EMERGENCY INFORMATION Here's information you'll need in case you notice a break-in-	Phone: Phone: Phone: Phone: Phone: are and anesthesia for our pet(s) as deemed full payment of such care.	
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Nearest intersection:		
Gas company:	Phone:	
Location of gas shut-off valve:		
Water company:	Phone:	
Location of water shut-off valve:		
Electric company:	Phone:	
Location of electrical breaker box:		
We give you permission to authorize emergency work if necessary to prevent damage, and we will be responsible for full payment of such work. YES NO CALL US FIRST		
Signature:		